SECTION 404 (2) (d) Part 4 TOTAL CMHSP COSTS BY SERVICE CATEGORY AND CMHSP FY 2005

Persons with Developmental Disabilities (DD)

Revised Section 8/02/2006

Overview

The data that are presented in this section was provided by CMHSPs as required by the FY 2004 MDCH/CMHSP contract. Cost data was collected from October 1, 2004 to September 30, 2005 and submitted to MDCH by January 31, 2006. The data in this section represents the total costs associated with providing services to persons with developmental disabilities (DD) by service category for each of the 46 CMHSPs within the State of Michigan. Persons with developmental disabilities include adults and children.

Definitions for terms found in this section are presented in Section 404(3).

Allegan Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114,	1101 00 0040	Days	0	0	\$0	\$0	\$0	0
State Loyonante Troopica. Impactoric 1 122	0124, 0134, 0154		,-	-	-	•			
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	1	247	\$47,918	\$47,918	\$194	247
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$ 0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	7	48	\$4,537	\$648	\$95	7
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	20	21	\$4,152	\$208	\$198	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	30	173	\$13,462	\$449	\$78	6
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	34	221	\$30,962	\$911	\$140	7
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	7	11	\$2,528	\$361	\$230	2
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Allegan			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	0.40	90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	-	90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	4	11	\$1,492	\$373	\$136	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	109	438	\$48,869	\$448	\$112	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	18	21	\$5,446	\$303	\$259	1
Speech & Language Therapy		92507	Encounter	17	70	\$9,945	\$585	\$142	4
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	7	15	\$3,125	\$446	\$208	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other	-	96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0

Allegan			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$ 0	0
Occupational Therapy		97003	Encounter	3	4	\$ 335	\$112	\$84	1
Occupational Therapy		97004	Encounter	27	38	\$3,443	\$128	\$91	11
Occupational or Physical Therapy		97110	15 Minutes	25	150	\$4,188	\$168	\$28	6
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	4	5	\$223	\$56	\$45	1
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	7	37	\$1,368	\$195	\$37	5
Occupational or Physical Therapy		97530	15 Minutes	23	270	\$9,185	\$399	\$34	12
Occupational or Physical Therapy		97532	15 Minutes	7	94	\$2,624	\$375	\$28	13
Occupational or Physical Therapy		97533	15 Minutes	19	276	\$8,543	\$4 50	\$31	15
Occupational or Physical Therapy		97535	15 Minutes	19	102	\$3,266	\$172	\$32	5
Occupational or Physical Therapy		97537	15 Minutes	1	5	\$140	\$140	\$28	5
Occupational or Physical Therapy		97542	15 Minutes	9	85	\$2,373	\$264	\$28	9
Occupational Therapy		97703	15 Minutes	1	1	\$28	\$28	\$28	1
Occupational Therapy	-	97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)	· · · · · · · · · · · · · · · · · · ·	97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	1.00	99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222	· ·	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232	-	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
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Allegan Service Category	Revenue Code	HCPCS Code	Unit	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
	Revenue code	99252	Measure Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0 \$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0		0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0 \$0	
Additional Codes-Physician Services Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
		99262	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services					0	\$0	\$0		0
Additional Codes-Physician Services		99263	Encounter	0				\$0	
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0		\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	20	\$0	\$0	0
Transportation		A0170	·	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$ 0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant	· · · · · · · · · · · · · · · · · · ·	D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report	· · ·	D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	34	37	\$6,189	\$182	\$167	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
		110010	24,5						

Allegan			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	1	4	\$377	\$377	\$94	4
Assessment		H0031	Encounter	8	10	\$778	\$97	\$78	1
Treatment Planning		H0032	Encounter	119	264	\$25,588	\$215	\$97	2
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	3	215	\$14,032	\$4,677	\$65	72
Community Living Supports in Independent living/own home		H0043	Per diem	17	1,993	\$399,891	\$23,523	\$201	117
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	27	51	\$2,682	\$99	\$53	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	1	1	\$39	\$39	\$39	1
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	89	114,733	\$1,280,109	\$14,383	\$11	1,289
Community Living Supports (15 Minutes)		H2015	15 Minutes	118	738,727	\$2,877,164	\$24,383	\$4	6,260
Community Living Supports (Daily)		H2016	Per Diem	4	105	\$1,444	\$361	\$14	26
Community Living Supports (Daily)		H2016	Per Diem	7	1,333	\$100,884	\$14,412	\$76	190
Community Living Supports (Daily)		H2016	Per Diem	55	15,753	\$ 611,565	\$11,119	\$39	286
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	5	431	\$44,729	\$8,946	\$104	86
Supported Employment Services		H2023	15 minutes	162	26,719	\$701,239	\$4,329	\$26	165
Mental Health Therapy		H2027	I 5 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	35	75	\$6,825	\$195	\$91	2
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	66	48,164	\$47,207	\$715	\$1	730
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	1	11	\$437	\$437	\$40	11
Environmental Modification		S5165	Service	2	2	\$10,080	\$5,040	\$5,040	1
Enhanced Medical Equipment-Supplies		S5199	Items	1	1	\$10	\$10	\$10	1
Occupational or Physical Therapy		S8990	Encounter	3	18	\$1,228	\$409	\$68	6
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		89445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Persons with Developmental Disabilities

Fiscal Year 2	2004-2005
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State of Michigan

Allegan			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	45	47	\$6,058	\$135	\$129	1
Health Services		T1002	Up to 15 min	61	2,217	\$36,138	\$592	\$16	36
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	1	26	\$424	\$424	\$16	26
Supports Coordination/Wrap Facilitation		T1016	15 minutes	345	12,395	\$1,446,266	\$4,192	\$117	36
Targeted Case Management		T1017	15 minutes	6	97	\$3,844	\$641	\$40	16
Nursing Home Mental Health Monitoring		T1017	15 minutes	2	28	\$1,955	\$978	\$70	14
Personal Care in Licensed Specialized Residential Setting		T1020	Days	13	2,839	\$22,062	\$1,697	\$8	218
Personal Care in Licensed Specialized Residential Setting		T1020	Days	7	1,870	\$51,428	\$7,347	\$28	267
Personal Care in Licensed Specialized Residential Setting		T1020	Days	24	8,319	\$1,003,077	\$41,795	\$121	347
Assessments		T1023	Encounter	11	13	\$1,455	\$132	\$112	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation	,	T2004	,	0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	. 0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				383		\$8,913,356			

Cost \$99,716 \$0	Cost/Case \$49,858	Cost/Unit \$194	Unit/Case
\$99,716 \$0	\$49,858 \$0	\$194	
So	\$0		257
		\$0	
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\$0	\$0	\$0	0
\$0	\$0	\$0	0
\$0	\$0	\$0	0
\$0	\$0	\$0	0
\$7,065	\$150	\$141	1
\$0	\$0	\$0	0
\$2,379	\$183	\$36	5
\$0	\$0	\$0	0
\$3,966	\$264	\$72	4
\$0	\$0	\$0	0
\$0	\$0	\$0	0
So	\$0	\$0	0
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AuSable Valley Service Category	Revenue Code	HCPCS Code	Unit	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy	Revenue Code	90811	Measure Encounter 20-30 Min	0	O O	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90812	Encounter 45-50 Min		0	\$0	\$0	\$0	0
		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90813	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
		90815	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90817	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-30 Min	0	0	\$0	\$0	\$0 \$0	0
Therapy-Individual Therapy	· · · · · · · · · · · · · · · · · · ·		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		0		\$0 \$0	\$0	\$0	
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90824	Encounter 20-30 Min				\$0	\$0	
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0 \$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy			Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	2	2		\$108	\$108	1
Therapy-Family Therapy		90847	Encounter			\$216		\$100	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0 \$0	\$0	
Therapy-Family Therapy		90849	Encounter	0	0	\$0 \$0	\$0	\$0 \$0	
Therapy-Group Therapy		90853	Encounter	0	0				0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0 \$290	\$0 \$63	5
Medication Review		90862	Encounter	102	468	\$29,582			0
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0 \$0	\$0 \$0	0
Assessments-Other		90887	Encounter	0	0	\$0 \$1,459	\$81	\$69	1
Speech & Language Therapy		92506	Encounter	18	21		\$109	\$69	2
Speech & Language Therapy		92507	Encounter	28	44	\$3,057 \$0	\$109	\$0	
Speech & Language Therapy		92508	Encounter	0	0		\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0 \$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0				
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0 \$0	\$0 \$0	\$0 \$0	
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0		\$291	\$108	3
Assessments-Testing		96100	Hour	16	43	\$4,652 \$0	\$291	\$108	
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0				
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0 \$0	
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0		
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0

AuSable Valley			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	11	11	\$764	\$ 69	\$69	1
Occupational Therapy		97004	Encounter	18	34	\$2,362	\$131	\$ 69	2
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	2	8	\$556	\$278	\$69	4
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

AuSable Valley			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	11=	A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331	· · · · · · · · · · · · · · · · · · ·	0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report	*****	D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	1	2	\$216	\$216	\$108	2
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0

AuSable Valley			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	6	21	\$2,272	\$379	\$108	4
Treatment Planning		H0032	Encounter	9	10	\$1,082	\$120	\$108	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	30	3,547	\$567,840	\$18,928	\$ 160	118
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	11	17	\$1,989	\$181	\$117	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	3	4	\$110	\$37	\$28	1
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	89	27,681	\$466,258	\$5,239	\$17	311
Community Living Supports (15 Minutes)		H2015	15 Minutes	120	225,019	\$1,024,773	\$8,540	\$5	1,875
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	67	16,979	\$2,795,027	\$41,717	\$165	253
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	34	13,760	\$231,773	\$6,817	\$17	405
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

AuSable Valley			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	49	61	\$2,976	\$61	\$49	1
Health Services		T1002	Up to 15 min	69	258	\$3,147	\$46	\$12	4
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	11	10,813	\$41,254	\$3,750	\$4	983
Supports Coordination/Wrap Facilitation		T1016	15 minutes	189	4,492	\$205,293	\$1,086	\$46	24
Targeted Case Management		T1017	15 minutes	0	0	\$ 0	\$0	\$0	0
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	20	5,169	\$100,059	\$5,003	\$19	258
Personal Care in Licensed Specialized Residential Setting		T1020	Days	14	4,683	\$201,772	\$14,412	\$43	335
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	3	4	\$433	\$144	\$108	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	l	8	\$2,465	\$2,465	\$308	8
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				201		\$5,804,514			

Barry Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	1	207	\$43,848	\$43,848	\$212	207
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	1	17	\$11,260	\$11,260	\$662	17
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183	•	Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	. 0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$ 0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$ 0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	4	4	\$332	\$83	\$83	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	20	61	\$4,894	\$245	\$80	3
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	31	92	\$11,555	\$373	\$126	3
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Barry Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	14	45	\$5,140	\$367	\$114	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	10	77	\$3,702	\$370	\$48	8
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	23	91	\$2,710	\$118	\$30	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	31	32	\$3,596	\$116	\$112	1
Speech & Language Therapy		92507	Encounter	52	1,556	\$29,528	\$568	\$19	30
Speech & Language Therapy		92508	Encounter	23	128	\$1,411	\$61	\$11	6
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	9	13	\$1,209	\$134	\$93	1
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other	· · · · · · · · · · · · · · · · · · ·	96110	Encounter	4	12	\$1,044	\$261	\$87	3
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	
Neurobehavioral Status Exam (Children's Waiver)		96116	Hou	0	0	\$0 \$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0 \$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118	11001	0	0	\$0		\$0 \$0	0
Neuropsych test by Tech (Children's Waiver)		96118	<u>. </u>	0	0	\$0	\$0 \$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0 \$0	\$0 \$0	0
Physical Therapy		97001	Encounter	0	0	\$0 \$0	\$0 \$0	\$0	0
Injured therapy		9/001	Encounter	0	U	30	20	20	U

Barry Service Category	Revenue Code	HCPCS Code	Unit Me asure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy	Kevende Code	97002	Encounter	Cases 0	0	\$0	\$0	\$0	0
Occupational Therapy		97002	Encounter	41	42	\$4,539	\$111	\$108	1
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
		97110	15 Minutes	67	12,696	\$36,587	\$546	\$3	189
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	
Occupational or Physical Therapy Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0 \$0	0
Occupational or Physical Therapy Occupational or Physical Therapy		97118	15 Minutes	0	0	\$0	\$0	\$0	
Occupational of Physical Therapy		97124	15 Minutes		0	\$0	\$0	\$0	0
	· · · · · · · · · · · · · · · · · · ·	97150	Encounter	0	0	\$0	\$0	\$0	
Occupational or Physical Therapy		97130		0	0	\$0	\$0	\$0	0
Occupational Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy			15 Minutes			\$0	\$0		0
Occupational or Physical Therapy		97532	15 Minutes	0	0			\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535 97537	15 Minutes	0	0	\$0 \$0	\$0	\$0 \$0	0
Occupational or Physical Therapy			15 Minutes	0	- 0		\$0		0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0 \$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0		\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes		0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	- 0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

Barry			***						
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	-	99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		Ð1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$ 0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0

Barry			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	4	4	\$356	\$89	\$89	1
Treatment Planning		H0032	Encounter	62	180	\$16,630	\$268	\$92	3
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	3	350	\$24,827	\$8,276	\$71	117
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	3	154	\$6,504	\$2,168	\$42	51
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$ 0	\$0	0
Behavior Management Review		H2000	Encounter	2	2	\$226	\$113	\$113	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015	15 Minutes	69	101,498	\$502,731	\$7,286	\$5	1,471
Community Living Supports (Daily)		H2016	Per Diem	9	1,989	\$38,340	\$4,260	\$ 19	221
Community Living Supports (Daily)		H2016	Per Diem	4	1,031	\$55,399	\$13,850	\$54	258
Community Living Supports (Daily)		H2016	Per Diem	16	4,578	\$605,692	\$37,856	\$132	286
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs	··	H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	41	22,039	\$36,782	\$897	\$2	538
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$ 0	\$0	\$ 0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		\$9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	57	1,597	\$8,651	\$152	\$5	28
Health Services		S9446	Encounter	20	272	\$2,493	\$125	\$9	14
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	8	18	\$2,093	\$262	\$116	2

Barry	Revenue Code	HCPCS Code	Unit	Corre	Y To See	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Measure	Cases	Units			\$0	
Reidential Room and Board		S9976	Days	0	0	\$0	\$0		0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	30	30	\$2,080	\$69	\$69	1
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	6	78	\$9,289	\$1,548	\$119	13
Targeted Case Management		T1017	15 minutes	138	1,903	\$236,295	\$1,712	\$124	14
Nursing Home Mental Health Monitoring		T1017	15 minutes	9	29	\$11,146	\$1,238	\$384	3
Personal Care in Licensed Specialized Residential Setting		T1020	Days	20	6,208	\$109,160	\$5,458	\$18	310
Personal Care in Licensed Specialized Residential Setting		T1020	Days	5	1,203	\$62,140	\$12,428	\$52	241
Personal Care in Licensed Specialized Residential Setting		T1020	Days	1	19	\$2,702	\$2,702	\$142	19
Assessments		T1023	Encounter	5	6	\$1,781	\$356	\$297	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	65	647	\$48,238	\$742	\$75	10
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	10	10	\$2,926	\$293	\$293	1
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				154		\$1,947,836			

Bay-Arenac		•							
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	1	365	\$190,283	\$190,283	\$521	365
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	2	730	\$158,118	\$79,059	\$217	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	1	11	\$6,715	\$6,715	\$610	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	7	24	\$13,572	\$1,939	\$566	3
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	4	42	\$1,305	\$326	\$31	11
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	113	121	\$7,121	\$63	\$59	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	22	57	\$2,372	\$108	\$42	3
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	70	557	\$42,347	\$605	\$76	8
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	17	93	\$19,743	\$1,161	\$212	5
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Bay-Arenac			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	8	36	\$2,012	\$252	\$56	5
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy	* - * *	90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	7	31	\$809	\$116	\$26	4
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	259	1,233	\$42,168	\$163	\$34	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	19	129	\$17,888	\$941	\$139	7
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Oy Teen (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	72	79	\$6,221	\$86	\$79	1
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Bay-Arenac			Unit			_	G/G	O	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	71	74	\$5,828	\$82	\$79	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	69	1,371	\$28,791	\$417	\$21	20
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$ 0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	91	1,492	\$26,791	\$294	\$18	16
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	162	1,207	\$20,892	\$129	\$17	7
Assessment or Health Services		97803	15 Minutes	171	3,615	\$55,951	\$327	\$15	21
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	44	70	\$521	\$12	\$7	2
Additional Codes-Physician Services	·	99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		9	11	\$822	\$91	\$75	1
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	*	99231		10	51	\$682	\$68	\$13	5
Additional Codes-Physician Services		99232		4	7	\$105	\$26	\$15	2
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	8	10	\$180	\$23	\$18	1
		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services Additional Codes-Physician Services	<u> </u>	99241	Encounter	0	0	\$0 \$0	\$0 \$0	\$0	0
	****	99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0 \$0	\$0	0
Additional Codes-Physician Services				0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	4	4	\$171	\$43	\$43	
Additional Codes-Physician Services		99251	Encounter	4	4	\$171	343	\$43	1

Bay-Arenac			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	1	1	\$4	\$4	\$4	1
Additional Codes-Physician Services		99253	Encounter	1	1	\$125	\$125	\$125	1
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	1	38	\$15	\$15	\$0	38
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation	***	A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		1	l	\$1,564	\$1,564	\$1,564	1
Alveoloplasty in conjunction with extractions, per quadrant		D7310		1	1	\$300	\$300	\$300	1
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	9	60	\$4,191	\$466	\$70	7
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$ 0	\$0	\$0	0
Medication administration		G0351		3	33	\$151	\$50	\$5	11
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$ 0	\$0	\$0	0
China acondentum per rices		110010	- Luyo		·				

CMHSP Cost Data by Service Category	P	ersons with Develo	pmental Disabilities		Fisca	l Year 2004-2005		State of	f Michigan
Bay-Arenac			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	74	83	\$14,451	\$195	\$174	1
Treatment Planning		H0032	Encounter	173	1,234	\$136,198	\$787	\$110	7
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	9	1,012	\$50,360	\$5,596	\$50	112
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	2	367	\$33,630	\$16,815	\$92	184
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	46	61	\$9,397	\$204	\$154	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	172	1,770	\$30,546	\$178	\$17	10
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	320	1,386,059	\$2,787,912	\$8,712	\$2	4,331
Community Living Supports (15 Minutes)		H2015	15 Minutes	80	343,680	\$1,093,320	\$13,667	\$3	4,296
Community Living Supports (Daily)		H2016	Per Diem	37	8,143	\$206,218	\$5,573	\$25	220
Community Living Supports (Daily)		H2016	Per Diem	66	19,430	\$995,549	\$15,084	\$51	294
Community Living Supports (Daily)		H2016	Per Diem	91	30,572	\$2,781,289	\$30,564	\$91	336
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	85	51,224	\$177,770	\$2,091	\$3	603
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	22	26,036	\$46,945	\$2,134	\$2	1,183
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	7	13	\$1,738	\$248	\$134	2
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	4	9	\$647	\$162	\$72	2
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	4	13	\$4,448	\$1,112	\$342	3
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)	• •	S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
		S5199	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	
	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing				0			\$0	\$0	
Private Duty Nursing	0582	S9124	Hour	0	0	\$0		\$0 \$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem		0	\$0	\$0		
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	4	808	\$9,888	\$2,472	\$12	202

Bay-Arenac	n C. I.	HCPCS Code	Unit	0.	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Measure	Cases				\$0	
Reidential Room and Board		S9976	Days	0	0	\$0	\$0		
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	210	218	\$13,888	\$66	\$64	1
Health Services		T1002	Up to 15 min	243	20,937	\$351,100	\$1,445	\$17	86
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	98	123,690	\$215,588	\$2,200	\$2	1,262
Supports Coordination/Wrap Facilitation		T1016	15 minutes	503	14,529	\$1,624,619	\$3,230	\$112	29
Targeted Case Management		T1017	15 minutes	88	1,996	\$103,916	\$1,181	\$52	23
Nursing Home Mental Health Monitoring		T1017	15 minutes	10	313	\$10,676	\$1,068	\$34	31
Personal Care in Licensed Specialized Residential Setting		T1020	Days	99	31,562	\$476,266	\$4,811	\$15	319
Personal Care in Licensed Specialized Residential Setting		T1020	Days	41	13,276	\$585,095	\$14,271	\$44	324
Personal Care in Licensed Specialized Residential Setting		T1020	Days	38	12,596	\$905,466	\$23,828	\$72	331
Assessments		T1023	Encounter	27	40	\$16,737	\$620	\$418	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	131	1,347	\$37,534	\$287	\$28	10
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	23	3,664	\$99,787	\$4,339	\$27	159
Transportation		T2003	Encounter / Trip	286	107,653	\$436,519	\$1,526	\$4	376
Transportation		T2004		18	4,500	\$4,500	\$250	\$1	250
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	4	48	\$14,335	\$3,584	\$299	12
Enhanced Medical Equipment-Supplies		T2028	Items	1	14	\$448	\$448	\$32	14
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	C
Pharmacy (Drugs and Other Biologicals)				19	0	\$6,434	\$339	\$0	
Other				0	0	\$0	\$0	\$0	
Total Population and Cost				683		\$13,940,972			

Sear Paper Paper	Berrien	D 0.1	HODOS O	Unit	_		Cont	Cost/Case	Cost/Unit	Unit/Case
March Meant Reconstant Professor Supposed (PCPMS) PT975 196, 197, 197, 197, 197, 197, 197, 197, 197	Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
March Popular Registr March Ma	State Psychiatric Hospital - Inpatient PT22			Days	1	210	\$98,700	\$98,700	\$470	210
1984 of 18	State Mental Retardation Facility - Inpatient (ICF/MR) PT65			Days	4	1,066	\$206,804	\$51,701	\$194	267
Pages Page	Local Psychiatric Hospital/IMD PT68			Days	9	86	\$58,996	\$6,555	\$686	10
Pacient Hopstal Ancillay Services - House of Abornes 252-00254, 0237- 100-00000000000000000000000000000000	Local Psychiatric Hospital - Acute Community PT73			Days	6	108	\$183,186	\$30,531	\$1,696	18
Pagent Hospital Ancelley Services - Phoreasy 254,0734, 1973 70 70 70 70 70 70 70	Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Pagent Hoppial Acolliny Service Median/Surgical Speller and Devices 201,017 201,018 201,	Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Impatient Hompstal Accillary Services - Educations	Inpatient Hospital Ancillary Services - Pharmacy				0	0	\$0	\$0	\$0	0
Pages Page	Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
ECT Assertitens	Inpatient Hospital Ancillary Services - Laboratory			# of tests	0	0	\$0	\$0	\$0	0
Injustices Hospitals Ancillarly Services Popisital Principal Principal Principal Principal Principal Principal	Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
Inguister Hospital Ancillary Services - Polysted Therapy 0430-044		0370			0	0	\$0	\$0	\$0	0
Ingustient Hospital Anaciliary Services - Occupational Tierapy 1950-0444 # 60 freatments 0 0 0 50 50 50 50 50 50 10 10 10 10 10 10 10 10 10 10 10 10 10	Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inguient Hospital Auxillary Services - Speech-Language Pathology 0445 444 # of treatments 0 0 0 50 50 50 50 50 50 10 10 10 10 10 10 10 10 10 10 10 10 10	Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inquisient Hospital Ancillary Services - Energency Room	Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inquatient Hospital Ancillary Services - Pulmonary Function 0460	Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Injuniter Hospital Ancillary Services - Audiology MAT 0610-0611 8 of tests 0 0 50 50 50 50 50 10 1	Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Imparient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Impatient Hospital Ancillary Services - Fharmacy 0636	Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room Feet Recovery Room Partial Hospital Ancillary Services - EKG/EKG 9730-9731 # of tests 0 0 50 50 50 50 50 50	Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG 0730-0731	Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Anciliary Services - EEG	ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Extended Observation Beds	Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge 0901 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Page	Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Optination Partial Hospital Acciliator Acciliator Partial Hospital Hospi	Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Dutpatient Partial Hospital Ancillary Services - Other Diagnosis Services 0913 Days 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925	Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Paper Pape	Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia 00104 Minutes 0 0 \$0	Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Part	Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Medication Administration 90782 Encounter 11 122 \$7,519 \$684 \$62 1 Medication Administration 99788 Encounter 0 0 \$0	Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration 90788 Encounter 0 0 \$0	Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment 90801 Encounter 104 110 \$24,405 \$235 \$222 Assessment-Psychiatric Assessment 90802 Encounter 0 0 \$0 \$0 \$0 \$0 Therapy-Individual Therapy 90804 Encounter 20-30 Min 57 118 \$7,932 \$139 \$67 Therapy-Individual Therapy 90805 Encounter 20-30 Min 0 0 \$0 \$0 \$0 \$0 Therapy-Individual Therapy 90806 Encounter 45-50 Min 35 250 \$28,503 \$814 \$114 Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0 \$0 \$0 \$0 Therapy-Individual Therapy 90808 Encounter 75-80 Min 0 0 \$0 \$0 \$0 \$0 Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 <td></td> <td></td> <td>90782</td> <td>Encounter</td> <td>11</td> <td>122</td> <td>\$7,519</td> <td>\$684</td> <td>\$62</td> <td>11</td>			90782	Encounter	11	122	\$7,519	\$684	\$62	11
Assessment Psychiatric Assessment 90802 Encounter 0 0 \$0 </td <td>Medication Administration</td> <td></td> <td>90788</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	Assessment-Psychiatric Assessment		90801	Encounter	104	110	\$24,405	\$235	\$222	1
Therapy-Individual Therapy	Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Pherapy-Individual Therapy	Therapy-Individual Therapy		90804	Encounter 20-30 Min	57	118	\$7,932	\$139	\$67	2
Therapy-Individual Therapy 90806 Encounter 45-50 Min 35 250 \$28,503 \$814 \$114 Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0 \$0 \$0 \$0 Therapy-Individual Therapy 90808 Encounter 75-80 Min 0 0 \$0 \$0 \$0 \$0 Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 0 \$0 \$0 \$0 \$0			90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$			90806	Encounter 45-50 Min	35	250	\$28,503	\$814	\$114	7
Therapy-Individual Therapy 90808 Encounter 75-80 Min 0 0 \$0 \$0 \$0 \$0 Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 0 \$0 \$0 \$0 \$0 \$0	- a mili i i a conserva a management a conservation and a conservation		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 0 \$0 \$0 \$0 \$0				Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
			90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
	Therapy-Individual Therapy		90810		0	0	\$0	\$0	\$0	0

Berrien Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy	Revenue Code	90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90813	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	- 0	\$0	\$0	\$0	
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy	-	90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy Therapy-Individual Therapy		90821	Encounter 75-80 Min		0	\$0	\$0	\$0	0
		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90823	Encounter 20-30 Min	. 0	0	\$0 \$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0		\$0	0
Therapy-Individual Therapy				0	0	\$0	\$0	\$0 \$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0		\$0 \$0	\$0	\$0	
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0 \$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0		\$0	\$0 \$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min			\$0		\$0 \$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0		
Therapy-Family Therapy		90847	Encounter	1	8	\$1,479	\$1,479	\$185 \$0	8
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0 \$0	\$0 \$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0			0
Therapy-Group Therapy		90853	Encounter	3	12	\$869	\$290	\$72	4
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	230	944	\$87,265	\$379	\$92	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0 \$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0		
Speech & Language Therapy		92506	Encounter	1	1	\$283	\$283	\$283	1
Speech & Language Therapy		92507	Encounter	2	49	\$3,624	\$1,812	\$74 \$0	25
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0		0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0 \$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$412	
Assessments-Testing		96100	Hour	5	7	\$2,884	\$577	\$412	1
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0		0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other	<u></u>	96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	. 0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	5	5	\$4 93	\$99	\$99	i

Berrien			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	21	41	\$555	\$26	\$14	2
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	•	99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	-	99211	Encounter	5	15	\$1,072	\$214	\$71	3
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	S0	\$0	\$0	0
Additional Codes-Physician Services		99222		8	8	\$1,035	\$129	\$129	1
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	-10	99231		9	48	\$2,071	\$230	\$43	5
Additional Codes-Physician Services		99232		2	6	\$370	\$185	\$62	3
Additional Codes-Physician Services		99233	· · · · ·	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	9	9	\$425	\$47	\$47	1
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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Berrien Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services	Troiting Code	99252	Encounter	2	2	\$185	\$93	\$93	
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$ 0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	SO SO	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0		\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0		0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services Medication Administration		99506	Encounter	0	0	\$0	\$0	\$ 0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
		A0090	Per mile	0	0	\$0	\$0	\$0	
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	168	1,792	\$345,164	\$2,055	\$193	11
Transportation		A0120	rei olie-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Transportation		A0170 A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		D0150		0	0	\$0	\$ 0	\$0	0
General dental services		D0130	Encounter	0	0	\$0	\$0 \$0	\$0	0
Comp periodontal evaluation		D0220	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	\$0	\$0	\$0	0
Intraoral periapical	-	D0274		0	0	\$0	\$0	\$0	0
Bitewings		D1110		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D2330		0	0	\$0	\$0	\$0	
Resin based comp-one surface, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331 D2332		0	0	\$0		\$0	
Resin based comp-three surfaces, an		D2332 D2391		0		\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391 D2392		0	0	\$0	\$0	\$0	
Resin based comp-two surfaces, post		D2392 D2393		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post				- 0		\$0	\$0	\$0	
Crown, porc, fused to high		D2750 D4910		0	0	\$0	\$0	\$0	0
Peridontal, main				0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0 \$0	\$0	
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	
Behavior Management/dental, by report		D9920	15 16	0	0	\$0	\$0 \$0	\$0 \$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes		0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0 \$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	1	8	\$493	\$493	\$62	8
Medication administration		G0351			0	\$493	\$493	\$0 \$0	0
Assessment		H0002	Encounter	0	- 0	\$0 \$0	\$0	\$ 0	0
Crisis Residential Services		H0018	Days	0	U	3 U	\$0	30	

Berrien			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	97	170	\$41,907	\$432	\$247	2
Treatment Planning		H0032	Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	6	922	\$56,821	\$9,470	\$62	154
Community Psychiatric Supportive Treatment	-	H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$114,248	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	2	469	\$31,794	\$15,897	\$68	235
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	80	301	\$24,858	\$311	\$83	4
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	145	645,932	\$1,517,797	\$10,468	\$2	4,455
Community Living Supports (15 Minutes)		H2015	15 Minutes	256	1,345,731	\$3,966,077	\$15,492	\$3	5,257
Community Living Supports (Daily)		H2016	Per Diem	47	10,205	\$303,082	\$6,449	\$30	217
Community Living Supports (Daily)	·····	H2016	Per Diem	18	5,518	\$306,185	\$17,010	\$55	307
Community Living Supports (Daily)		H2016	Per Diem	96	30,767	\$4,648,589	\$48,423	\$151	320
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	55	30,873	\$143,369	\$2,607	\$5	561
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	8	12,948	\$123,045	\$15,381	\$10	1,619
Medication Review		M0064	Encounter Face-to-Face	17	51	\$4,715	\$277	\$92	3
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	1	126	\$8,112	\$8,112	\$64	126
Private Duty Nursing	0582	S9124	Hour	1	3,548	\$143,497	\$143,497	\$40	3,548
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
		52101	******		<u> </u>	#0	•••		

Berrien Service Category	Revenue Code	HCPCS Code	Unit	Corre	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
	Revenue Code	S9976	Measure	Cases	Units 0	\$0	\$0	\$0	
Reidential Room and Board		T1000	Days Up to 15 min	0	0			\$0	
Health Services			*			\$0	\$0		0
Assessment		T1001	Encounter	32	32	\$5,916	\$185	\$185	
Health Services		T1002	Up to 15 min	154	1,146	\$41,044	\$267	\$36	7
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	5	1,143	\$11,029	\$2,206	\$10	229
Supports Coordination/Wrap Facilitation		T1016	15 minutes	433	13,621	\$1,007,322	\$2,326	\$74	31
Targeted Case Management		T1017	15 minutes	51	2,291	\$78,058	\$1,531	\$34	45
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	113	36,131	\$710,202	\$6,285	\$20	320
Personal Care in Licensed Specialized Residential Setting		T1020	Days	16	3,680	\$216,281	\$13,518	\$59	230
Personal Care in Licensed Specialized Residential Setting		T1020	Days	20	6,639	\$620,889	\$31,044	\$94	332
Assessments		T1023	Encounter	17	25	\$4,622	\$272	\$185	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	1	5	\$288	\$288	\$58	5
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				526		\$15,194,059			

								0	
Clinton Eaton Ingham	Revenue Code	HCPCS Code	Unit		** *	Crea	Cost/Case	Cost/Unit	Unit/Case
Service Category		HCPCS Code	Measure	Cases	Units	Cost			
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	7	1,899	\$964,789	\$137,827	\$508	271
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	5	1,429	\$287,135	\$57,427	\$201	286
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$ 0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0 .	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	13	110	\$6,026	\$464	\$55	8
Medication Administration		90788	Encounter	0	0	\$0	S0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	51	52	\$17,755	\$348	\$341	1
Assessment-Psychiatric Assessment		90802	Encounter	3	3	\$647	\$216	\$216	1
Therapy-Individual Therapy		90804	Encounter 20-30 Min	11	59	\$8,634	\$785	\$146	5
Therapy-Individual Therapy		90805	Encounter 20-30 Min	1	1	\$178	\$178	\$178	1
Therapy-Individual Therapy		90806	Encounter 45-50 Min	20	81	\$16,361	\$818	\$202	4
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	11	27	\$8,986	\$817	\$333	2
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Clinton Eaton Ingham			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	4	10	\$1,061	\$265	\$106	3
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	3	9	\$1,308	\$436	\$145	3
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	4	4	\$85	\$21	\$21	1
Therapy-Family Therapy		90847	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	7	29	\$465	\$66	\$16	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other	1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	90887	Encounter	181	389	\$43,026	\$238	\$111	2
Speech & Language Therapy		92506	Encounter	142	151	\$23,378	\$165	\$155	1
Speech & Language Therapy		92507	Encounter	138	916	\$132,787	\$962	\$145	7
Speech & Language Therapy		92508	Encounter	69	917	\$54,492	\$790	\$59	13
Speech & Language Therapy		92526	Encounter	58	96	\$13,033	\$225	\$136	2
Speech & Language Therapy		92610	Encounter	24	27	\$5,219	\$217	\$193	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	40	49	\$22,863	\$572	\$467	1
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	3	3	\$972	\$324	\$324	1_
Assessments-Other		96111	Encounter	20	26	\$9,981	\$499	\$384	1
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119	11-1-1	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0

Clinton Eaton Ingham			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	25	26	\$6,953	\$278	\$267	1
Occupational Therapy		97004	Encounter	219	232	\$47,802	\$218	\$206	1
Occupational or Physical Therapy		97110	15 Minutes	51	950	\$41,706	\$818	\$44	19
Occupational or Physical Therapy		97112	15 Minutes	4	18	\$919	\$230	\$51	5
Occupational or Physical Therapy		97113	15 Minutes	11	4	\$220	\$220	\$55	4
Occupational or Physical Therapy		97116	15 Minutes	29	112	\$5,594	\$193	\$50	4
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	19	127	\$7,223	\$380	\$57	7
Occupational or Physical Therapy		97530	15 Minutes	13	141	\$4,963	\$382	\$35	11
Occupational or Physical Therapy		97532	15 Minutes	4	26	\$676	\$169	\$26	7
Occupational or Physical Therapy		97533	15 Minutes	48	1,206	\$45,638	\$951	\$38	25
Occupational or Physical Therapy		97535	15 Minutes	31	319	\$15,465	\$ 499	\$48	10
Occupational or Physical Therapy		97537	15 Minutes	10	126	\$3,046	\$305	\$24	13
Occupational or Physical Therapy		97542	15 Minutes	1 1	73	\$3,886	\$353	\$53	7
Occupational Therapy		97703	15 Minutes	25	123	\$6,586	\$263	\$54	5
Occupational Therapy		97750	15 Minutes	7	48	\$2,738	\$391	\$57	7
Occupational Therapy		97755	15 Minutes	62	325	\$27,053	\$436	\$83	5
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	207	680	\$23,678	\$114	\$35	3
Assessment or Health Services		97803	15 Minutes	214	1,030	\$51,271	\$240	\$50	5
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		ō	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	* 10.1	99251	Encounter	0	0	\$0	\$0	\$0	0

Circles Fater Inches			•						
Clinton Eaton Ingham Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	1	1	\$38	\$38	\$38	i
Transportation		A0080	Per mile		0	\$0	\$0	\$0	0
		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Tel Olic-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Transportation	"	A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0428	Refer to educ Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		D0150		0	0	\$0	\$0	\$0	0
General dental services		D0180	Encounter	0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0220	Elicounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D1110		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2331		0		\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0		\$0 \$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332 D2391		0	0	\$0	\$0	\$0	
Resin based comp-one surface, post		D2391			0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392 D2393		0		\$0	\$0	\$0	0
Resin based comp-three surfaces, post				0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	
Peridontal, main		D4910			0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0		\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant	·	D7310		0	0	\$0	\$0	\$0	
Behavior Management/dental, by report		D9920		0	0	\$0 \$0	\$0	\$0	
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes					\$1	
Enhanced Medical Equipment-Supplies		E1399	Items	1	1	\$1	\$1 \$327	\$15	1 21
Activity Therapy (Children's Waiver)		G0176	Encounter	4	85	\$1,308	\$327	\$15	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0 \$0	
Medication administration		G0351		0	0	\$0		\$0 \$0	0
Assessment	_	H0002	Encounter	0	0	\$0	\$0 \$0	\$0 \$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	20	20	

Civilish Cost Dutil by Service Category	•	CIBOLIB WILL BOYOLO	pinental Disabilities		1 1500	. 1 Cui 2001 2003		State of	Milenigan
Clinton Eaton Ingham Service Category	Revenue Code	HCPCS Code	Unit	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model	Revenue code	H0025	Measure Face to Face Contact	Cases 0	0	\$0	\$0	\$0	0
Assessment	******	H0023	Encounter	2	2	\$511	\$256	\$256	1
		H0031	Encounter	493	1,014	\$466,920	\$236	\$460	
Treatment Planning		H0032	15 Minutes	493	1,014	\$6,698	\$167	\$53	3
Health Services Home Based Services	· · · · · · · · · · · · · · · · · · ·	H0034	15 Minutes	22	88	\$4,897	\$223	\$55 \$56	4
		H0037	Per diem	0	0	\$4,897	\$0	\$0	
Community Psychiatric Supportive Treatment		H0037		0	0	\$0	·	\$0	
Peer Directed and Operated Support Services		NA	15 minutes	0	0	\$0	\$0 \$0	\$0	
Peer Directed and Operated Support Services	*** *		1535						0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem		0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	51	58	\$9,457	\$185	\$163	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	11	3	\$253	\$253	\$84	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	532	1,107,400	\$3,312,878	\$6,227	\$3	2,082
Community Living Supports (15 Minutes)		H2015	15 Minutes	680	1,614,377	\$7,014,587	\$10,316	\$4	2,374
Community Living Supports (Daily)		H2016	Per Diem	411	69,194	\$1,458,421	\$3,548	\$21	168
Community Living Supports (Daily)		H2016	Per Diem	121	22,027	\$1,195,321	\$9,879	\$54	182
Community Living Supports (Daily)		H2016	Per Diem	177	46,874	\$5,178,640	\$29,258	\$110	265
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	181	6,028	\$282,281	\$1,560	\$47	33
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	333	1,590	\$206,063	\$619	\$130	5
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	38	537	\$10,959	\$288	\$20	14
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	30	595	\$8,973	\$299	\$15	20
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	218	196,832	\$250,620	\$1,150	\$1	903
Respite		S5151	Per Diem	22	195	\$77,296	\$3,513	\$396	9
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	2	2	\$37	\$19	\$19	1
Enhanced Medical Equipment-Supplies		S5199	Items	1	1	\$100	\$100	\$100	1
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	\$9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	7	12	\$748	\$107	\$62	2
Health Services		S9446	Encounter	1	1	\$43	\$43	\$43	1
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	1	1	\$794	\$794	\$794	1
						<u>-</u>			

Clinton Eaton Ingham	Revenue Code	HCPCS Code	Unit	0	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Measure	Cases					
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	2	21,552	\$184,012	\$92,006	\$9	10,776
Assessment		T1001	Encounter	303	334	\$51,854	\$171	\$155	<u> </u>
Health Services		T1002	Up to 15 min	475	4,295	\$190,397	\$401	\$44	9
Health Services		T1003	Up to 15 min	2	2,706	\$22,007	\$11,004	\$8	1,353
Health Services		T1005	15 minutes	342	333,376	\$892,249	\$2,609	\$3	975
Supports Coordination/Wrap Facilitation		T1016	15 minutes	259	8,741	\$335,546	\$1,296	\$38	34
Targeted Case Management		T1017	15 minutes	934	32,574	\$2,074,964	\$2,222	\$64	35
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	414	91,483	\$818,421	\$1,977	\$9	221
Personal Care in Licensed Specialized Residential Setting	-	T1020	Days	68	15,485	\$843,103	\$12,399	\$54	228
Personal Care in Licensed Specialized Residential Setting		T1020	Days	117	31,377	\$4,565,517	\$39,022	\$146	268
Assessments		T1023	Encounter	289	726	\$66,984	\$232	\$92	3
Enhanced Medical Supplies or Pharmacy		T1999	Items	3	16	\$773	\$258	\$48	5
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	2	4	\$ 57	\$29	\$14	2
Targeted Case Management (Children's Waiver)		T2023	Month	42	409	\$9,949	\$237	\$24	10
Enhanced Medical Equipment-Supplies		T2028	Items	2	2	\$325	\$163	\$163	1
Enhanced Medical Equipment-Supplies		T2029	Items	3	4	\$492	\$164	\$123	1
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	1	1	\$19	\$19	\$19	1
Pharmacy (Drugs and Other Biologicals)				0	0	\$138,836	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				1,391		\$31,597,947			

Property Property	CMH for Central Michigan			Unit						
1941-1956 1941	Service Category	Revenue Code	HCPCS Code		Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Company Comp	State Psychiatric Hospital - Inpatient PT22			Days	0	0	\$0	\$0		
Displace Personal Republis Acide Comminy PT2 190, 191, 191, 191, 191, 191, 191, 191,	State Mental Retardation Facility - Inpatient (ICF/MR) PT65			Days	8	2,733	\$634,980	\$79,373	\$232	
Pages Page	Local Psychiatric Hospital/IMD PT68			Days	0	0	\$0			
Pages Page	Local Psychiatric Hospital - Acute Community PT73			Days	0	0	\$0	\$0	\$0	0
Page	Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Pagent Hoppid Anchilley Services Hadinabis gening Sappies and Devices 100 000 000 000 000 000 000 000 000 0	Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Pages Reginal Hospital Anallary Services Laboratory 1900 2000	Inpatient Hospital Ancillary Services - Pharmacy				0	0	\$0	\$0	\$0	0
Pagines Roginal Anallarly Services Pagines Rogina	Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0		
Part	Inpatient Hospital Ancillary Services - Laboratory			# of tests	0	0	\$0	-		
Pagint Reginal Ascillary Services - Reginatory Services Pagint Reginatory Services Pagint Reginatory Services Pagint Reginatory Services Pagint Reginatory Services Pagint Reginatory Services Services Pagint Reginatory Services Services Pagint Reginatory Services Serv	Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0			
	ECT Anesthesia	0370			0					
Paper Pape	Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0				
Paper Pape	Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0			
Paper Pape	Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Paper Pape	Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0			
Pagister Reprish Ancillary Services - Audiology Audiolog	Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0		\$0	0
Paper Pape	Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Papeline Harbin Annih Northin Northi	Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Part	Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Pagistient Hospital Ancillary Services - EKG/EKG 0730-0731 # of tests 0 0 50 50 50 50 0 1 Pagistient Hospital Ancillary Services - EEG 0740 # of tests 0 0 0 50 50 50 50 0 Pagistient Hospital Ancillary Services - EEG 0762 Hour 0 0 0 50 50 50 50 0 Additional Codes-ECT Facility Charge 0901 Encounter 0 0 0 50 50 50 50 0 Pagistient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0900,0902-0904,	Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
Paper Pape	ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Extended Observation Beds	Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$ 0	\$0	\$0	0
Additional Codes-ECT Facility Charge 0901 Encounter 0 0 0 \$ \$ \$ \$ \$ \$ \$ \$ \$ 0 \$ \$ \$ \$ \$ \$	Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Impatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0901, 0914-0919 190	Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Dutpatient Partial Hospital Jacolitan Opi1	Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$ 0	0
Dupatient Partial Hospital Ancillary Services - Other Diagnosis Services 0925 # of tests 0 0 0 \$0 \$0 \$0 \$0 \$0	Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services			# of visits	0	0	\$0	\$0	\$0	0
Papel Pape	Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Papatient Hospital Ancillary Services - Other Therapeutic Services 0940-0942 # of visits 0 0 50 50 50 50 0 50	Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia 00104 Minutes 0 0 0 50 50 50 0 0 1 1 1 1 1 1 1 1 1 1	Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
New New	Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Medication Administration 90782 Encounter 38 324 \$12,461 \$328 \$38 9 Medication Administration 99788 Encounter 1 1 \$38 \$38 \$38 \$18 1 Assessment-Psychiatric Assessment 99801 Encounter 17 17 \$1,651 \$97 \$97 1 Assessment-Psychiatric Assessment 90802 Encounter 0 0 \$0 <td>Additional Codes-ECT Anesthesia</td> <td></td> <td>00104</td> <td>Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration 90788 Encounter 1 1 1 338 338 338 1	Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment 99801 Encounter 17 17 \$1,651 \$97 \$97 1 Assessment-Psychiatric Assessment 99802 Encounter 0 0 \$0 <td< td=""><td>Medication Administration</td><td></td><td>90782</td><td>Encounter</td><td>38</td><td>324</td><td>\$12,461</td><td>\$328</td><td>\$38</td><td>9</td></td<>	Medication Administration		90782	Encounter	38	324	\$12,461	\$328	\$38	9
Assessment - Psychiatric Assessment 9802 Encounter 0 0 50 50 \$30 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$30 \$115	Medication Administration		90788	Encounter	1	1	\$38	\$38	\$38	1
Therapy-Individual Therapy 9884 Encounter 20-30 Min 17 30 \$1,183 \$70 \$39 2	Assessment-Psychiatric Assessment		90801	Encounter	17	17	\$1,651	\$97	\$97	1
Therapy-Individual Therapy 90805 Encounter 20-30 Min 1 1 \$115 \$115 \$115 \$115 \$1 Therapy-Individual Therapy 90806 Encounter 45-50 Min 84 741 \$58,413 \$695 \$79 9 Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$	Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 9885 Encounter 20-30 Min 1 1 \$115 \$115 \$115 \$1 Therapy-Individual Therapy 9886 Encounter 45-50 Min 84 741 \$58,413 \$695 \$79 9 Therapy-Individual Therapy 9887 Encounter 45-50 Min 0 0 \$0 <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td>90804</td> <td>Encounter 20-30 Min</td> <td>17</td> <td>30</td> <td>\$1,183</td> <td>\$70</td> <td>\$39</td> <td>2</td>	· · · · · · · · · · · · · · · · · · ·		90804	Encounter 20-30 Min	17	30	\$1,183	\$70	\$39	2
Therapy-Individual Therapy 9886 Encounter 45-50 Min 84 741 \$58,413 \$695 \$79 9 Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0			90805	Encounter 20-30 Min	1	1	\$115	\$115	\$115	I
Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$			90806	Encounter 45-50 Min	84	741	\$58,413	\$695	\$ 79	9
Therapy-Individual Therapy 90808 Encounter 75-80 Min 8 55 \$4,336 \$542 \$79 7 Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 0 \$0				Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 0 \$				Encounter 75-80 Min	8	55	\$4,336	\$542	\$79	7
	v		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
			90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

CMH for Central Michigan			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	S 0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	1	1	\$41	\$41	\$41	1
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	1	1	\$114	\$114	\$114	1
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	9	9	\$1,211	\$135	\$ 135	1
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$ 0	\$0	0
Assessments-Other	· · · · · · · · · · · · · · · · · · ·	96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$ 0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	1	3	\$259	\$259	\$86	3
							40		

CMH for Central Michigan			Unit				Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	61	65	\$10,624	\$174	\$163	1
Occupational Therapy		97004	Encounter	2	2	\$327	\$164	\$164	1
Occupational or Physical Therapy		97110	15 Minutes	51	237	\$4,477	\$88	\$19	5
Occupational or Physical Therapy		97112	15 Minutes	17	48	\$967	\$57	\$20	3
Occupational or Physical Therapy		97113	15 Minutes	3	67	\$1,274	\$425	\$19	22
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	4	4	\$58	\$15	\$15	1
Occupational Therapy		97504	15 Minutes	2	3	\$43	\$22	\$14	2
Occupational or Physical Therapy		97530	15 Minutes	1	2	\$33	\$33	\$17	2
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0_
Occupational or Physical Therapy		97533	15 Minutes	63	1,997	\$11,363	\$180	\$6	32
Occupational or Physical Therapy		97535	15 Minutes	35	101	\$1,618	\$46	\$16	3
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	4	6	\$86	\$22	\$14	2
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	12	57	\$3,185	\$265	\$56	5
Assessment or Health Services		97803	15 Minutes	77	267	\$14,167	\$184	\$53	3
Health Services		97804	30 Minutes	1	1	\$39	\$39	\$39	1
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter		0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Injointal Defrices			Literation				Ψ		

CMH for Central Michigan			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	1	1	\$192	\$192	\$192	1
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	A. A	99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	2	6	\$237	\$119	\$40	3
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428	-	0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
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Civilian Cost Data by Service Category	. •		p					01410 01	
CMH for Central Michigan	P 0.1	HODOS G. 1	Unit			0.4	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Prevention Services - Direct Model		H0025	Face to Face Contact	<u>1</u>	i	\$125	\$125	\$125	1
Assessment		H0031	Encounter	5	5	\$591	\$118	\$118	1
Treatment Planning		H0032	Encounter	105	125	\$5,823	\$55	\$47	1
Health Services		H0034	15 Minutes	29	33	\$1,296	\$45	\$39	11
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home	<u>.</u>	H0043	Per diem	10	20	\$ 557	\$56	\$28	2
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	44	213	\$6,330	\$144	\$30	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	360	670,593	\$1,327,774	\$3,688	\$2	1,863
Community Living Supports (15 Minutes)		H2015	15 Minutes	935	3,728,352	\$11,707,025	\$12,521	\$3	3,988
Community Living Supports (Daily)		H2016	Per Diem	145	44,100	\$750,582	\$5,176	\$17	304
Community Living Supports (Daily)		H2016	Per Diem	127	37,587	\$1,957,155	\$15,411	\$52	296
Community Living Supports (Daily)		H2016	Per Diem	160	45,933	\$5,013,587	\$31,335	\$109	287
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	321	531,395	\$1,115,930	\$3,476	\$2	1,655
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	1	1	\$58	\$58	\$58	1
Transportation		S0209	Per Mile	0	0	\$ 0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	1	1	\$ 3	\$3	\$3	1
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	127	1,482	\$991,458	\$7,807	\$669	12
Environmental Modification		S5165	Service	19	31	\$8,608	\$453	\$278	2
Enhanced Medical Equipment-Supplies		S5199	Items	7	15	\$15,809	\$2,258	\$1,054	2
Occupational or Physical Therapy		S8990	Encounter	48	6,525	\$202,536	\$4,220	\$31	136
Private Duty Nursing	0582	S9123	Hour	3	585	\$22,295	\$7,432	\$38	195
Private Duty Nursing	0582	S9124	Hour	3	3,699	\$110,970	\$36,990	\$30	1,233
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	5	5	\$315	\$63	\$63	1
Health Services		S9446	Encounter	47	236	\$14,868	\$316	\$63	5
Health Services		S9470	Encounter	183	620	\$71,505	\$391	\$115	3
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
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CMH for Central Michigan			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	10	44	\$3,364	\$336	\$76	4
Health Services		T1002	Up to 15 min	99	117	\$5,616	\$57	\$48	1
Health Services		T 1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	359	340,385	\$435,693	\$1,214	\$1	948
Supports Coordination/Wrap Facilitation		T1016	15 minutes	1,114	46,994	\$2,866,634	\$2,573	\$61	42
Targeted Case Management		T1017	15 minutes	230	1,445	\$88,145	\$383	\$61	6
Nursing Home Mental Health Monitoring		T1017	15 minutes	1	44	\$2,684	\$2,684	\$61	44
Personal Care in Licensed Specialized Residential Setting		T1020	Days	156	43,783	\$722,420	\$4,631	\$17	281
Personal Care in Licensed Specialized Residential Setting		T1020	Days	124	38,562	\$1,812,414	\$14,616	\$47	311
Personal Care in Licensed Specialized Residential Setting		T1020	Days	131	44,381	\$5,015,053	\$38,283	\$113	339
Assessments		T1023	Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999	Items	4	33	\$783	\$196	\$24	8
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	475	18,270	\$312,052	\$657	\$17	38
Transportation	-	T2003	Encounter / Trip	370	60,732	\$570,273	\$1,541	\$9	164
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	86	184	\$15,263	\$177	\$83	2
Out of Home Prevocational Service		T2015	Hour	263	185,409	\$1,385,005	\$5,266	\$7	705
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	8	112	\$6,744	\$843	\$60	14
Enhanced Medical Equipment-Supplies		T2029	Items	36	49	\$30,349	\$843	\$619	1
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	26	193	\$33,389	\$1,284	\$173	7
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	15	193	\$34,161	\$2,277	\$177	13
Housing Assistance		T2038	Month	52	192	\$54,784	\$1,054	\$285	4
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	SO	\$0	0
Total Population and Cost				2,039		\$37,483,518			

Cititist Cost Data by Scivice Category	1 015	one with Develop	3111011tat 2 1000111tt						
Copper Country		HODOG G. 1	Unit	-	** *	Cont	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$ 0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154	·	Days	0	0	\$0	\$0	\$ 0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$ 0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	44	102	\$12,089	\$275	\$119	2
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	37	41	\$21,210	\$573	\$517	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	5	11	\$1,248	\$250	\$113	2
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	·	90809	Encounter 75-80 Min	0	0	S 0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
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Copper Country			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	2	3	\$620	\$310	\$207	2
Therapy-Family Therapy		90847	Encounter	3	6	\$1,546	\$515	\$258	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	19	68	\$6,562	\$345	\$97	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	4	4	\$919	\$230	\$230	1
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	0	0	\$ 0	\$0	\$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other	17	96111	Encounter	46	119	\$10,710	\$233	\$90	3
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
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Project Progress Project Progress Project Progress Project Progress Project Progress Project	Copper Country			Unit						
Procupose 1700 Procupose 2 2 512 514 541 5	Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units		Cost/Case		Unit/Case
Companion Program Physical Phones 0 0 0 10 10 10 10 10	Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Designation Projects Proteins Proteins 15 Montes 7 41 \$2.01 \$3.01 \$3.01 \$0.00	Occupational Therapy		97003	Encounter	2	2	\$882	\$441	\$441	11
	Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Description of Physical Theory	Occupational or Physical Therapy		97110	15 Minutes	7	41	\$2,261	\$323	\$ 55	6
Processes of Physical Theory 9716 15 Minors 0 6 50 50 50 50 50 50	Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Companism or Physical Theorep 91146 15 Menters 0 0 50 50 50 50 50 50	Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Conceptation of Proposal Therropy	Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
	Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
	Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$ 0	\$0	0
Designation of Physical Therapy	Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Production for Physical Theory 9753 15 Minutes 0 0 50 50 50 0 0 0 0	Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Companient or Physical Theretry	Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Procupational or Prignical Thereby	Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Processional or Physical Therapy	Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Poccupational for Physical Thereipy	Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
	Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Processional Textury	Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Processional Trompy	Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Postablic Talling (Children's Wirer) 9776 15 Manutes 0 0 0 50 50 50 0 0 0			97750	15 Minutes	0	0	\$0	\$0	\$0	0
Postericia Training (Children's Waivery)			97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services 97802 15 Minutes 27 88 \$1.170 \$43 \$15 3 \$1 \$2 \$3 \$3 \$3 \$3 \$3 \$3 \$3 \$3 \$3 \$3 \$3 \$3 \$3			97761	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services 97803 15 Minutes 27 78 \$1,170 \$43 \$15 0 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1	C/O for Orthotic/Prosth Use (Children's Waiver)	MARANET TO THE	97762		0	0	\$0	\$0	\$0	0
Fleath Services 97804 30 Minutes 0 0 50 50 50 50 50 50	Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99201 Encounter 0 0 \$0	Assessment or Health Services		97803	15 Minutes	27	78	\$1,170	\$43	\$15	3
Additional Codes-Physician Services 99202 Encounter 0 0 50 50 50 0 Additional Codes-Physician Services 99203 Encounter 0 0 50 50 50 0 Additional Codes-Physician Services 99205 Encounter 0 0 50 50 50 0 Additional Codes-Physician Services 99211 Encounter 0 0 50 50 50 0 Additional Codes-Physician Services 99212 Encounter 0 0 50 50 50 0 Additional Codes-Physician Services 99213 Encounter 0 0 50 50 50 0 Additional Codes-Physician Services 99214 Encounter 10 10 50 <td>Health Services</td> <td></td> <td>97804</td> <td>30 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99203 Encounter 0 0 \$0	Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99205 Encounter 0 0 5 5 5 5 5 0 5 0 0 0 0 0 0 0 0 0 0	Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99205 Encounter 0 0 \$0	Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99211 Encounter 31 114 \$2,850 \$92 \$52 4 Additional Codes-Physician Services 99212 Encounter 31 114 \$2,850 \$92 \$52 4 Additional Codes-Physician Services 99213 Encounter 0 0 \$60 \$50 \$50 \$0 Additional Codes-Physician Services 99215 Encounter 0 0 \$50 \$50 \$50 \$0 Additional Codes-Physician Services 99215 Encounter 0 0 \$50 \$50 \$50 \$0 Additional Codes-Physician Services 99221 0 0 \$0 </td <td>Additional Codes-Physician Services</td> <td></td> <td>99204</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99212 Encounter 31 114 \$2.850 \$92 \$25 4 Additional Codes-Physician Services 99213 Encounter 0 0 \$0	Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99214 Encounter 0 0 0 50 50 50 50 0 0 0 0 0 0 0 0 0 0	Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99214 Encounter 10 10 \$400 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$50 \$50 \$50 \$0 \$0 \$0 \$0 \$50 \$50 \$50 \$0 \$0 \$0 \$0 \$50 \$50 \$50 \$0 \$0 \$0 \$0 \$50 \$50 \$50 \$50 \$0 \$0 \$0 \$0 \$50 </td <td>Additional Codes-Physician Services</td> <td></td> <td>99212</td> <td>Encounter</td> <td>31</td> <td>114</td> <td>\$2,850</td> <td>\$92</td> <td>\$25</td> <td>4</td>	Additional Codes-Physician Services		99212	Encounter	31	114	\$2,850	\$92	\$25	4
Additional Codes-Physician Services 99215 Encounter 0 0 SO SO SO O Additional Codes-Physician Services 99221 0 0 SO SO SO SO O Additional Codes-Physician Services 99223 0 0 SO SO SO O Additional Codes-Physician Services 99231 0 0 SO SO SO O Additional Codes-Physician Services 99232 0 0 SO SO SO SO O O Additional Codes-Physician Services 99233 O O O SO SO SO SO SO O O Additional Codes-Physician Services 99233 O O O SO	Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99221 0 0 \$0	Additional Codes-Physician Services		99214	Encounter	10	10	\$400	\$40	\$40	1
Additional Codes-Physician Services 99222 0 0 \$0	Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99223 0 0 \$0	Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99231 0 0 \$0	Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99232 0 0 \$0	Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99233 0 0 \$0	Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99233 0 0 \$0			99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99238 30 Minutes or less 0 0 \$0			99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99241 Encounter 0 0 \$0			99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99242 Encounter 0 0 \$0			99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99243 Encounter 0 0 \$0			99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99244 Encounter 0 0 \$0 \$0 \$0 \$0 0 Additional Codes-Physician Services 99245 Encounter 0 0 \$0<					0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99245 Encounter 0 0 \$0					0	0	\$0	\$0	\$0	0
				· · · · · · · · · · · · · · · · · · ·		0	\$0	\$0	\$0	0
			99251		0	0	\$0	\$0	\$0	0

Copper Country			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	10.11.0.11.0.01.0.01	99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$ 0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		28	68	\$1,260	\$ 45	\$ 19	2
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	1	11	\$2,505	\$2,505	\$228	11
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Copper Country			Unit			_	0.40	G - (81.1)	11:10
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	69	217	\$44,477	\$645	\$205	3
Treatment Planning		H0032	Encounter	184	436	\$92,703	\$504	\$213	2
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$ 0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	24	212	\$13,780	\$574	\$65	9
Behavior Management Review		H2000	Encounter	28	97	\$20,581	\$ 735	\$212	3
Comprehensive Medication Services - EBP only	· · · · · · · · · · · · · · · · · · ·	H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	5	84	\$5,929	\$1,186	\$71	17
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	97	239,022	\$733,520	\$7,562	\$3	2,464
Community Living Supports (15 Minutes)		H2015	15 Minutes	116	63,138	\$236,768	\$2,041	\$4	544
Community Living Supports (Daily)		H2016	Per Diem	10	3,269	\$39,490	\$3,949	\$12	327
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	63	21,587	\$3,267,193	\$51,860	\$151	343
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services	-	H2023	15 minutes	28	5,664	\$21,240	\$759	\$4	202
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	5	7,338	\$25,977	\$5,195	\$4	1,468
Medication Review		M0064	Encounter Face-to-Face	30	114	\$5,472	\$182	\$48	4
Transportation	****	S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		\$5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	2	13	\$366	\$183	\$28	7
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)	****	S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	- 0	0	\$0	\$0	\$0	0
Health Services	 .	S9123	Encounter	0	0		\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
		S9470 S9484	Hour		0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		59484	Hour	·	U	⊅∪	3 U	30	

Copper Country			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T 1001	Encounter	79	157	\$19,625	\$248	\$125	2
Health Services		T1002	Up to 15 min	100	972	\$77,760	\$778	\$80	10
Health Services		T1003	Up to 15 min	0	. 0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	25	4,359	\$22,405	\$896	\$5	174
Supports Coordination/Wrap Facilitation		T1016	15 minutes	176	4,382	\$298,421	\$1,696	\$68	25
Targeted Case Management		T1017	15 minutes	19	88	\$7,481	\$394	\$85	5
Nursing Home Mental Health Monitoring		T1017	15 minutes	1	13	\$505	\$505	\$39	13
Personal Care in Licensed Specialized Residential Setting		T1020	Days	73	24,856	\$244,952	\$3,356	\$10	340
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	. 0
Assessments		T1023	Encounter	10	17	\$ 1,968	\$197	\$116	2
Enhanced Medical Supplies or Pharmacy		T1999	Items	75	623	\$10,032	\$134	\$16	8
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	8	28	\$13,529	\$1,691	\$483	4
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	19	39	\$523	\$28	\$13	2
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				27	0	\$21,405	\$793	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				202		\$5,292,334			

Detroit-Wayne			Unit			_	C/C	Contract to	11-270
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	30	3,631	\$1,212,926	\$40,431	\$334	121
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	55	16,137	\$3,204,993	\$58,273	\$199	293
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	27	627	\$369,456	\$13,684	\$589	23
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	135	3,256	\$2,204,594	\$16,330	\$677	24
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	1	12	\$2,633	\$2,633	\$219	12
Outpatient Partial Hospitalization	0913		Days	11	107	\$41,084	\$3,735	\$384	10
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	10	24	\$486	\$49	\$20	2
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	1,403	1,905	\$313,612	\$224	\$165	l
Assessment-Psychiatric Assessment		90802	Encounter	10	10	\$1,195	\$120	\$120	1
Therapy-Individual Therapy		90804	Encounter 20-30 Min	327	1,518	\$39,473	\$121	\$26	5
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	1,417	8,294	\$631,172	\$445	\$76	6
Therapy-Individual Therapy		90807	Encounter 45-50 Min	43	251	\$21,328	\$496	\$85	6
Therapy-Individual Therapy		90808	Encounter 75-80 Min	171	875	\$125,377	\$733	\$143	5
Therapy-Individual Therapy		90809	Encounter 75-80 Min	43	165	\$13,987	\$325	\$85	4
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Detroit-Wayne Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	1	7	\$358	\$358	\$ 51	7
Therapy-Individual Therapy		90812	Encounter 45-50 Min	1	1	\$85	\$85	\$85	1
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	2	9	\$1,616	\$808	\$180	
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90826	Encounter 45-50 Min	2	2	\$73	\$36	\$36	1
Therapy-Individual Therapy Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy Therapy-Individual Therapy		90828	Encounter 75-80 Min	64	576	\$98,383	\$1,537	\$171	9
Therapy-Individual Therapy Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	C
Therapy-Family Therapy		90846	Encounter	225	747	\$91,301	\$406	\$122	3
Therapy-Family Therapy Therapy-Family Therapy		90847	Encounter	521	1,770	\$212,132	\$407	\$120	
		90849	Encounter	0	0	\$0	\$0	\$0	
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	- (
Therapy-Family Therapy Therapy-Group Therapy		90853	Encounter	320	3,346	\$204,146	\$638	\$61	10
		90857	Encounter	6	13	\$485	\$81	\$37	
Therapy-Group Therapy Medication Review		90862	Encounter	1,781	7,357	\$522,349	\$293	\$71	
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$ 0	\$0	
Assessments-Other		90887	Encounter	673	1,214	\$44,593	\$66	\$37	
		92506	Encounter	73	78	\$18,295	\$251	\$235	
Speech & Language Therapy		92507	Encounter	95	529	\$90,079	\$948	\$170	_
Speech & Language Therapy Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	
		92526	Encounter	547	766	\$139,355	\$255	\$182	
Speech & Language Therapy		92610	Encounter	63	63	\$16,856	\$268	\$268	
Speech & Language Therapy Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	(
		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	
Evaluation of Auditory Rehabiliation Status (Children's Waiver) Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633	Each reductional 13 Minutes	0	0	\$0	\$0	\$0	
		96100	Hour	1,246	2,602	\$281,087	\$226	\$108	
Assessments-Testing Psychological Testing PSYCH/PHYS (Children's Waiver)	-	96101	1100.	0	0	\$0	\$0	\$0	
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	
		96103		0	0	\$0	\$0	\$0	
Psychological Testing by Comp (Children's Waiver) Assessments-Other	***	96105	Encounter	0	0	\$0	\$0	\$0	
		96110	Encounter	971	1,365	\$170,391	\$175	\$125	
Assessments-Other		96111	Encounter	84	218	\$13,355	\$159	\$61	
Assessments-Other		96111	Hour	0	0	\$13,333	\$0	\$0	
Assessments-Testing		96116	11001	0		\$0	\$0	\$0	
Neurobehavioral Status Exam (Children's Waiver)			Hour	1	1	\$130	\$130	\$130	
Assessments-Testing		96117	nour	0		\$130	\$130	\$0	
Neuropsych test by Psych/Phys (Children's Waiver)				0		\$0	\$0	\$0	
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	-
Neuropsych test Admin w/Comp (Children's Waiver)		96120		U	v	.3∨	.po	40	

Detroit-Wayne			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002	Encounter	5	5	\$761	\$152	\$152	1
Occupational Therapy		97003	Encounter	319	354	\$85,297	\$267	\$241	1
Occupational Therapy		97004	Encounter	664	2,095	\$367,936	\$554	\$176	3
Occupational or Physical Therapy		97110	15 Minutes	81	4,058	\$77,890	\$962	\$19	50
Occupational or Physical Therapy		97112	15 Minutes	27	111	\$6,017	\$223	\$54	4
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	22	42	\$2,306	\$105	\$55	2
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	41	244	\$ 4,690	\$114	\$19	6
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	53	2,182	\$45,500	\$858	\$21	41
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	5	51	\$1,677	\$335	\$33	10
Occupational or Physical Therapy		97535	15 Minutes	13	79	\$1,820	\$140	\$23	6
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	3	7	\$315	\$105	\$45	2
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services	11 (11)	97802	15 Minutes	72	344	\$18,075	\$251	\$53	5
Assessment or Health Services		97803	15 Minutes	995	6,636	\$373,070	\$375	\$56	7
Health Services		97804	30 Minutes	0	0	\$0	\$0	S0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	1 12 11	99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231	1.47 M - 26 - 1 - 1	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services	-	99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0 \$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services Additional Codes-Physician Services		99251	Encounter	1		\$22	\$22	\$22	1
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Detroit-Wayne			Unit			_	0.40	Constitution in	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	
Additional Codes-Physician Services		99252	Encounter	1	1	\$43	\$43	\$43	1
Additional Codes-Physician Services	- T	99253	Encounter	4	4	\$236	\$59	\$59	1
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	1	2	\$80	\$80	\$40	2
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		3	3	\$900	\$300	\$300	1
Transportation		A0130		2	46	\$2,935	\$1,468	\$64	23
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	9	297	\$1,703	\$189	\$6	33
Additional Codes-Transportation		A0427	Refer to Code Descriptions	2	2	\$600	\$300	\$300	ı
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$ 0	\$0	0
Intraoral períapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	278	457	\$78,252	\$281	\$171	2
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	40	42	\$10,352	\$259	\$246	1
Crisis Residential Services		H0018	Days	1	1	\$291	\$291	\$291	1

Persons with Developmental Disabilities

Detroit-Wayne			Unit	_		01	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Prevention Services - Direct Model		H0025	Face to Face Contact	161	415	\$52,198	\$324	\$126	3
Assessment		H0031	Encounter	1,027	4,206	\$289,808	\$282	\$ 69	4
Treatment Planning		H0032	Encounter	1,052	2,316	\$287,517	\$273	\$124	2
Health Services		H0034	15 Minutes	549	1,549	\$80,585	\$147	\$52	3
Home Based Services		H0036	15 Minutes	12	1,230	\$60,984	\$5,082	\$50	103
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	1	1	\$2	\$2	\$2	1
Peer Directed and Operated Support Services		NA NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	1	4	\$246	\$246	\$62	4
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	63	512	\$77,899	\$1,236	\$152	8
Behavior Management Review		H2000	Encounter	1,036	2,572	\$108,639	\$105	\$42	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	97	683	\$61,978	\$639	\$91	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	2,632	7,495,395	\$25,430,234	\$9,662	\$3	2,848
Community Living Supports (15 Minutes)		H2015	15 Minutes	1,281	20,089,504	\$49,221,099	\$38,424	\$2	15,683
Community Living Supports (Daily)		H2016	Per Diem	698	216,506	\$7,426,611	\$10,640	\$34	310
Community Living Supports (Daily)		H2016	Per Diem	508	155,308	\$7,844,186	\$15,441	\$51	306
Community Living Supports (Daily)		H2016	Per Diem	522	146,866	\$14,406,334	\$27,598	\$98	281
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	656	849,631	\$2,896,885	\$4,416	\$3	1,295
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	2	6,358	\$23,859	\$11,930	\$4	3,179
Medication Review		M0064	Encounter Face-to-Face	4	4	\$57	\$14	\$14	1
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	209	855	\$59,949	\$287	\$70	4
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	9	1,332	\$288,814	\$32,090	\$217	148
Foster Care		S5145	Days	34	10,404	\$2,168,351	\$63,775	\$208	306
Respite		S5150	15 Minutes	218	172,631	\$339,753	\$1,559	\$2	792
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	14	18	\$19,232	\$1,374	\$1,068	1
Enhanced Medical Equipment-Supplies	J 1018-1001	S5199	Items	71	78	\$20,230	\$285	\$259	1
Occupational or Physical Therapy	·	S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	1	4,138	\$186,075	\$186,075	\$45	4,138
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services	<u> </u>	S9445	Encounter	1,473	4,232	\$253,207	\$172	\$60	3
Health Services		S9446	Encounter	437	583	\$47,922	\$110	\$82	1
Health Services		S9470	Encounter	3	5	\$290	\$97	\$58	2
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	160	483	\$145,835	\$911	\$302	3
			11041	100		#170,000	3711		

Detroit-Wayne			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T 1001	Encounter	1,772	6,462	\$1,128,819	\$637	\$175	4
Health Services		T1002	Up to 15 min	730	5,376	\$309,594	\$424	\$58	7
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	255	254,171	\$953,767	\$3,740	\$4	997
Supports Coordination/Wrap Facilitation		T1016	15 minutes	5,444	141,375	\$17,670,320	\$3,246	\$125	26
Targeted Case Management		T1017	15 minutes	253	4,950	\$289,498	\$1,144	\$58	20
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	748	235,669	\$3,759,594	\$5,026	\$16	315
Personal Care in Licensed Specialized Residential Setting		T1020	Days	280	84,284	\$4,236,033	\$15,129	\$50	301
Personal Care in Licensed Specialized Residential Setting		T1020	Days	637	197,200	\$19,951,425	\$31,321	\$101	310
Assessments		T1023	Encounter	55	88	\$3,827	\$70	\$43	2
Enhanced Medical Supplies or Pharmacy		T1999	Items	16	17	\$4,613	\$288	\$271	1
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	2	3	\$468	\$234	\$156	2
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	466	3,380	\$571,980	\$1,227	\$169	7
Out of Home Prevocational Service		T2015	Hour	284	127,420	\$1,001,704	\$3,527	\$8	449
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	88	99	\$23,638	\$269	\$239	1
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	3	30	\$2,488	\$829	\$83	10
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	1	25	\$2,000	\$2,000	\$80	25
Housing Assistance		T2038	Month	151	1,332	\$220,034	\$1,457	\$165	9
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				6,852		\$173,113,484			

Genesce Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
	0100, 0101, 0114,	1101 00 0000	Days	24	5,437	\$1,717,603	\$71,567	\$316	227
State Psychiatric Hospital - Inpatient PT22	0124, 0134, 0154		Days						
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	26	230	\$125,723	\$4,835	\$547	9
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	.\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	8	61	\$11,414	\$1,427	\$187	8
Outpatient Partial Hospitalization	0913	·	Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$ 0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	26	318	\$13,346	\$513	\$42	12
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	608	816	\$163,527	\$269	\$200	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	10	12	\$1,199	\$120	\$100	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	20	62	\$4,365	\$218	\$70	3
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	2	2	\$629	\$315	\$315	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	4	7	\$ 696	\$174	\$99	2

Genesee			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	. = 711	90812	Encounter 45-50 Min	15	49	\$4,741	\$316	\$97	3
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	7	58	\$2,369	\$338	\$41	8
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	,	90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individua! Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	8	16	\$1,580	\$198	\$99	2
Therapy-Family Therapy		90847	Encounter	13	33	\$3,030	\$233	\$92	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	1	1	\$25	\$25	\$25	1
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	641	2,713	\$505,465	\$789	\$186	4
Additional Codes-ECT Physician	****	90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	43	116	\$19,826	\$461	\$171	3
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	79	380	\$64,946	\$822	\$171	5
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	116	221	\$37,278	\$321	\$169	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	48	80	\$13,673	\$285	\$171	2
Assessments-Other		96111	Encounter	1	2	\$152	\$152	\$76	2
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	3	5	\$855	\$285	\$171	2
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	48	52	\$8,887	\$185	\$171	1
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Persons with Developmental Disabilities

Genesce			Unit						** 1.40
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy	100000000000000000000000000000000000000	97002	Encounter	117	385	\$65,800	\$562	\$171	3
Occupational Therapy		97003	Encounter	423	485	\$82,891	\$196	\$171	1
Occupational Therapy		97004	Encounter	310	969	\$165,612	\$534	\$171	3
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	1	11	\$171	\$171	\$171	1
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	1	5	\$855	\$855	\$171	5
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	3	12	\$1,428	\$476	\$119	4
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services	·	97802	15 Minutes	129	1,126	\$192,445	\$1,492	\$171	9
Assessment or Health Services		97803	15 Minutes	107	1,346	\$230,045	\$2,150	\$171	13
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	-	99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$ 0	\$0	0
Additional Codes-Physician Services		99221		1	1	\$39	\$39	\$ 39	1
Additional Codes-Physician Services		99222		5	5	\$312	\$62	\$62	1
Additional Codes-Physician Services		99223		3	3	\$236	\$7 9	\$79	1_
Additional Codes-Physician Services		99231		2	3	\$61	\$31	\$20	2
Additional Codes-Physician Services		99232		3	9	\$269	\$90	\$30	3
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	1	1	\$29	\$29	\$29	1
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	•	99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

Genesee			Unit				Cant/Cana	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case		
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	2	2	\$110	\$55	\$55	11
Additional Codes-Physician Services		99254	Encounter	1	1	\$77	\$77	\$77	1
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	1	11	\$35	\$35	\$35	1
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	11	1	\$84	\$84	\$84	1
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	3	209	\$788	\$263	\$4	70
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		2	2	\$239	\$119	\$119	1
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	3	3	\$884	\$295	\$295	1
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	233	394	\$110,631	\$475	\$281	2
Crisis Residential Services		H0018	Days	12	85	\$20,611	\$1,718	\$242	7
			*						

Common Cost Data by Service Category			•						_
Genesee Service Category	Revenue Code	HCPCS Code	Unit Me asure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
	Revenue code	H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model Assessment		H0031	Encounter	634	1,895	\$218,364	\$344	\$115	3
Treatment Planning		H0032	Encounter	353	563	\$63,211	\$179	\$112	2
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	
Home Based Services		H0036	15 Minutes	9	228	\$17,236	\$1,915	\$76	25
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	5	9	\$754	\$151	\$84	2
Peer Directed and Operated Support Services		NA NA	15 Hundes	0	0	\$0	\$0	\$0	
Assertive Community Treatment (ACT)		H0039	15 Minutes	3	71	\$4,185	\$1,395	\$59	24
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	
Behavior Management Review	.	H2000	Encounter	155	194	\$16,414	\$106	\$85	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$10,111	\$0	\$0	
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	80	522	\$35,673	\$446	\$68	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	832	2,764,447	\$8,835,818	\$10,620	\$3	3,323
Community Living Supports (15 Minutes)		H2015	15 Minutes	188	449,572	\$1,716,821	\$9,132	\$4	2,391
Community Living Supports (15 Minutes)		H2016	Per Diem	110	20,196	\$779,364	\$7,085	\$39	184
Community Living Supports (Daily)		H2016	Per Diem	230	58,045	\$2,996,863	\$13,030	\$52	252
Community Living Supports (Daily)		H2016	Per Diem	332	93,002	\$10,244,170	\$30,856	\$110	280
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	3	18	\$1,623	\$541	\$90	6
Supported Employment Services		H2023	15 minutes	71	24,962	\$159,497	\$2,246	\$6	352
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	24	46,960	\$293,970	\$12,249	\$6	1,957
Medication Review		M0064	Encounter Face-to-Face	60	69	\$12,934	\$216	\$187	1,557
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	71	121	\$19,427	\$274	\$161	2
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0		\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	4	51	\$18,176	\$4,544	\$356	13
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	3	5	\$25,893	\$8,631	\$5,179	
Enhanced Medical Equipment-Supplies		S5199	Items	2	2	\$407	\$204	\$204	1
Occupational or Physical Therapy		S8990	Encounter	0	0	\$107	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	2	3,420	\$104,789	\$52,394	\$31	1,710
Private Duty Nursing	0582	S9124	Hour	1	2,618	\$72,545	\$72,545	\$28	2,618
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$20	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	327	543	\$94,705	\$290	\$174	2
Health Services		S9446	Encounter	2	2	\$170	\$85	\$85	1
Health Services		S9470	Encounter	71	89	\$15,211	\$214	\$171	1
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	3	16	\$1,745	\$582	\$109	5
		02764	11001			91,772	3704	J103	

Persons with Developmental Disabilities

Genesee			Unit				0 .45	0 ./11 :	11.500
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	231	279	\$30,964	\$134	\$111	1
Health Services		T1002	Up to 15 min	222	5,510	\$791,242	\$3,564	\$144	25
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	244	343,905	\$875,591	\$3,588	\$3	1,409
Supports Coordination/Wrap Facilitation		T1016	15 minutes	586	23,779	\$2,061,338	\$3,518	\$87	41
Targeted Case Management		T1017	15 minutes	883	35,293	\$2,553,034	\$2,891	\$72	40
Nursing Home Mental Health Monitoring		T1017	15 minutes	4	102	\$7,481	\$1,870	\$73	26
Personal Care in Licensed Specialized Residential Setting		T1020	Days	96	21,814	\$995,591	\$10,371	\$46	227
Personal Care in Licensed Specialized Residential Setting		T1020	Days	141	37,788	\$2,131,621	\$15,118	\$56	268
Personal Care in Licensed Specialized Residential Setting		T1020	Days	160	43,587	\$3,676,563	\$22,979	\$84	272
Assessments		T1023	Encounter	46	73	\$10,103	\$220	\$138	2
Enhanced Medical Supplies or Pharmacy		T1999	Items	5	14	\$1,410	\$282	\$101	3
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	507	41,676	\$270,060	\$533	\$6	82
Transportation		T2003	Encounter / Trip	593	138,118	\$1,081,408	\$1,824	\$8	233
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	29	29	\$19,505	\$673	\$673	1
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	6	68	\$20,653	\$3,442	\$304	11
Enhanced Medical Equipment-Supplies		T2028	Items	6	6	\$5,131	\$855	\$855	1
Enhanced Medical Equipment-Supplies		T2029	Items	7	8	\$1,359	\$194	\$170	1
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	15	19	\$4,828	\$322	\$254	1
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				1,522		\$43,862,827			

Gogebic Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114,		Days	1	365	\$140,492	\$140,492	\$385	365
State 1 Sychiatric Hospital - Inputerix 1 122	0124, 0134, 0154								
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	1	5	\$3,462	\$3,462	\$692	5
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913	·	Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration	V.E.	90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	15	15	\$3,900	\$260	\$260	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Mary Mary Mary Researt 8-15 Mile No. 1	Gogebic		rrango a l	Unit	_		Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Internacy	Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units				
Description of March 1997 1998										
Descriptions 1964 1965	<u> </u>									
Theory Individed Theory										
Process Proc	Therapy-Individual Therapy									
Teacy Decident Prompt Security 75-90 Ms 0 0 0 0 0 0 0 0 0	Therapy-Individual Therapy									
Teacy Description Security Security	Therapy-Individual Therapy									
Beergy Backwich, Tencary 9811 Beessurer, \$5.5 Mm 0 0 30 30 30 0 0 0 0	Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0				0
Pecus Pecu	Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Personal Principal Personal Principal Personal Principal Personal Principal Personal Person	Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Pennsysterichal Trategy	Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Part	Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Procupy Individual Theory	Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Perception-bind Theory 9032 Percenter 4-5 90 km 0 0 0 9 9 0 0 0 0 0	Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Thermpy-holidoids Thermpy Septime 1			90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-shainbind Through			90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy 1928			90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-hamily Therapy 9846 Benounter 1			90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy Anally Therapy 9847 Encounter 1			90846	Encounter	0	0	\$0	\$0	\$0	0
Persign Family Thempy			90847	Encounter	1	6	\$1,117	\$1,117	\$186	6
Parago-Parally Therapy					0				\$0	0
Parago-Group Therapy								\$0	\$0	0
Penersys-Group Therapy										5
Medication Review 96862 Encounter 33 126 \$17,829 \$540 \$142 4 Additional Codes ECT Physician 95870 Encounter 0 0 \$50 \$50 \$50 \$60 \$60 \$50 \$50 \$60 \$60 \$60 \$60 \$50 \$50 \$60										
Additional Codes-ECT Physicinn 9870 Encounter 0 0 0 5 50 50 50 50 50 50 50 50 50 50 5										
Assessments-Other 9887 Encounter 0 0 0 5 0 50 50 50 50 50 50 50 50 50 50										
Speech & Language Therapy 92506 Encounter 0 0 50										
Speech & Language Therapy 9250* Encounter 0 0 \$0		•••								
Speech & Language Therapy										
Speech & Language Therapy 9256 Encounter 0 0 50										
Speech & Language Therapy 92610 Encounter 0 0 \$0	· · · · · · · · · · · · · · · · · · ·									
Padlatation of Auditory Rehabilitation Status (Children's Waiver) 92626 First Hour 0 0 0 50 50 50 50 0 50	<u></u>									
Evaluation of Auditory Rehabilitation Status (Children's Waiver) 92627 Each Additional 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0		1 11								
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver) 9263 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$10 \$0 \$10										
Assessments-Testing 96100 Hour 2 8 \$1,520 \$760 \$190 4				Each Additional 15 Minutes						
Psychological Testing PSYCH/PHYS (Children's Waiver) 96101 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										
Psychological Testing by Technician (Children's Waiver) 96102 0 0 \$0				Hour						
Psychological Testing by Comp (Children's Waiver) 96103 0 0 \$0										
Assessments-Other 96105 Encounter 0 0 \$0										
Assessments-Other 96110 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0										
Assessments-Other 96111 Encounter 0 0 \$0				Encounter						0
Assessments-Testing 96115 Hour 0 0 50 \$0<					0	0				0
Neurobehavioral Status Exam (Children's Waiver) 96116 0 0 \$0 <					0	0		\$0	\$0	0
Assessments-Testing 96117 Hour 0 0 \$0<				Hour	0					0
Neuropsych test by Psych/Phys (Children's Waiver) 96118 0 0 50 \$0										0
Neuropsych test by Tech (Children's Waiver) 96119 0 0 \$			96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver) 96120 0 0 \$0	Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	so	\$0	\$0	0
	Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Physical Therapy 97001 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 0	Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
	Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0

Gogebic		vronos o 1	Unit	•	** *	Cont	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	7	7	\$3,108	\$444	\$444	1
Occupational Therapy		97004	Encounter	37	38	\$16,872	\$456	\$444	1
Occupational or Physical Therapy		97110	15 Minutes	4	326	\$12,062	\$3,016	\$37	82
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	1	96	\$3,552	\$3,552	\$37	96
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	1	102	\$3,774	\$3,774	\$37	102
Occupational or Physical Therapy	1 112	97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	1	85	\$3,145	\$3,145	\$37	85
Occupational or Physical Therapy		97535	15 Minutes	2	116	\$4,292	\$2,146	\$37	58
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	1	1	\$82	\$82	\$82	1
Assessment or Health Services		97803	15 Minutes	1	1	\$82	\$82	\$82	1
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	•	99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
				**					

Persons with Developmental Disabilities

Gogebic	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Det vice entrger)	Revenue code	99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233	Encounter	0		\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services				0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0 \$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0 \$0	
Additional Codes-Physician Services		99273	Encounter		0	\$0	\$0	\$0 \$0	
Additional Codes-Physician Services		99274	Encounter	0				\$0	
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0		
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	1	105	\$1,208	\$1,208	\$12	105
Transportation		A0120		0	0	\$0	S0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation	11111	A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, pore, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	16	16	\$2,878	\$180	\$180	1
Crisis Residential Services		H0018	Days	0	0	so	\$0	\$0	0
			<u> </u>				-		

Gogebic			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	11	11	\$5,100	\$464	\$464	1
Treatment Planning		H0032	Encounter	49	154	\$51,402	\$1,049	\$334	3
Health Services		H0034	15 Minutes	3	6	\$494	\$165	\$82	2
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	13	49	\$14,369	\$1,105	\$293	4
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service	·	H2011	15 Minutes	4	19	\$903	\$226	\$48	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	35	86,939	\$193,005	\$5,514	\$2	2,484
Community Living Supports (15 Minutes)		H2015	15 Minutes	45	34,593	\$154,977	\$3,444	\$4	769
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	l	347	\$17,652	\$17,652	\$51	347
Community Living Supports (Daily)		H2016	Per Diem	36	11,458	\$1,888,737	\$52,465	\$165	318
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	16	2,750	\$81,593	\$5,100	\$30	172
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	27	125	\$10,281	\$381	\$82	5
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	18	12,555	\$36,912	\$2,051	\$3	698
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	6	93	\$4,817	\$803	\$52	16
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$ 0	\$0	\$0	0
Health Services		S9445	Encounter	3	3	\$247	\$82	\$82	1
Health Services		S9446	Encounter	2	7	\$1,152	\$576	\$165	4
Health Services	***************************************	S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

Gogebic			Unit				01/0	0	TI 5/C
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	32	33	\$27,143	\$848	\$823	1
Health Services		T1002	Up to 15 min	43	669	\$55,025	\$1,280	\$82	16
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	90	4,505	\$156,143	\$1,735	\$35	50
Targeted Case Management		T1017	15 minutes	62	1,794	\$62,216	\$1,003	\$35	29
Nursing Home Mental Health Monitoring		T1017	15 minutes	3	38	\$1,321	\$440	\$35	13
Personal Care in Licensed Specialized Residential Setting		T1020	Days	29	9,092	\$155,019	\$5,345	\$17	314
Personal Care in Licensed Specialized Residential Setting		T1020	Days	9	2,709	\$116,379	\$12,931	\$43	301
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	1	1	\$285	\$285	\$285	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	4	4	\$1,112	\$278	\$278	1
Out of Home Prevocational Service		T2015	Hour	2	2,325	\$14,973	\$7,487	\$6	1,163
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)		-		0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				107		\$3,273,103			·

Gratiot			Unit				0.10	0 .77	TT : (O
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	1	365	\$79,059	\$79,059	\$217	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710		· · · · · · · · · · · · · · · · · · ·	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$ 0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	So	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	10	10	\$2,663	\$266	\$266	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	8	64	\$3,905	\$488	\$61	8
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	17	212	\$25,868	\$1,522	\$122	12
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	3	3	\$549	\$183	\$183	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	3	10	\$610	\$203	\$61	3

05/31/2006 - Revised on 8/02/2006

Gratiot			Unit				6	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case		
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90812	Encounter 45-50 Min	1	26	\$3,173	\$3,173	\$122	26
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	1	22	\$2,684	\$2,684	\$122	22
Therapy-Family Therapy		90847	Encounter	1	50	\$6,101	\$6,101	\$122	50
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	25	194	\$11,836	\$473	\$61	8
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	70	360	\$ 46,462	\$664	\$129	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	1	1	\$66	\$66	\$66	1
Speech & Language Therapy		92506	Encounter	10	10	\$2,052	\$205	\$205	1
Speech & Language Therapy	***	92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Ноиг	11	46	\$12,248	\$1,113	\$266	4
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	9	9	\$1,175	\$131	\$131	1
Neurobehavioral Status Exam (Children's Waiver)		96116	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0		\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118	Hodi	0	0	\$0	\$0	\$0	
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0 \$0	
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0		\$0	\$0	\$0	
		97001	Encounter	24	30	\$3,253	\$136	\$108	
Physical Therapy		97001	Encounter	24	. 30	33,233	3130	3108	1

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Gratiot Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
	Revenue code	97002	Encounter	24	30	\$5,204	\$217	\$173	1
Physical Therapy		97003	Encounter	30	34	\$5,898	\$197	\$173	1
Occupational Therapy		97004	Encounter	39	113	\$12,253	\$314	\$108	3
Occupational Therapy		97110	15 Minutes	1	3	\$203	\$203	\$68	3
Occupational or Physical Therapy		97112	15 Minutes	28	108	\$7,319	\$261	\$68	4
Occupational or Physical Therapy Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	1	10	\$480	\$480	\$48	10
Occupational or Physical Therapy Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational of Physical Therapy Occupational of Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	22	75	\$5,083	\$231	\$68	3
		97535	15 Minutes	15	27	\$1,830	\$122	\$68	2
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes		5	\$314	\$314	\$63	5
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$ 0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0		\$0		\$0	0
Additional Codes-Physician Services Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
					0	\$0	\$0	\$0	0
Additional Codes Physician Services		99241 99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services			Encounter	0	0	\$0 \$0	\$0	\$0	0
Additional Codes-Physician Services		99243 99244	Encounter	0	0	\$0	\$0	\$0	
Additional Codes Physician Services		99244	Encounter Encounter	0	0	\$0	\$0	\$0	0
Additional Codes Physician Services	·	99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99431	Elicounter	U	Ų	30	30	∪	

Gratiot			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	20	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	00	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$ 0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$ 0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)	**	E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
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Gratiot			Unit				010	0	11.570
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	
Assessment		H0031	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032	Encounter	31	37	\$4,778	\$154	\$129	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	16	32	\$3,902	\$244	\$122	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	15	135	\$6,477	\$432	\$48	9
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	68	112,420	\$546,361	\$8,035	\$5	1,653
Community Living Supports (15 Minutes)		H2015	15 Minutes	59	230,000	\$1,304,100	\$22,103	\$6	3,898
Community Living Supports (Daily)		H2016	Per Diem	6	1,109	\$26,583	\$4,430	\$24	185
Community Living Supports (Daily)		H2016	Per Diem	15	3,235	\$145,219	\$9,681	\$ 45	216
Community Living Supports (Daily)		H2016	Per Diem	50	14,176	\$1,018,546	\$20,371	\$72	284
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	72	149,401	\$726,089	\$10,085	\$5	2,075
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	38	198	\$14,640	\$385	\$74	5
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	1	12	\$887	\$887	\$74	12
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	44	39,886	\$283,988	\$6,454	\$7	907
Respite		S5151	Per Diem	1	16	\$1,664	\$1,664	\$104	16
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	58	530	\$530	\$ 9	\$1	9
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	36	759	\$62,215	\$1,728	\$82	21
Health Services		S9470	Encounter	1	5	\$659	\$659	\$132	5
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
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Gratiot			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	27	97	\$16,156	\$598	\$167	4
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	2	3,486	\$46,643	\$23,321	\$13	1,743
Supports Coordination/Wrap Facilitation	•	T1016	15 minutes	192	4,253	\$348,618	\$1,816	\$82	22
Targeted Case Management		T1017	15 minutes	2	14	\$ 666	\$333	\$48	7
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	50	13,806	\$325,131	\$6,503	\$24	276
Personal Care in Licensed Specialized Residential Setting		T1020	Days	24	4,341	\$243,443	\$10,143	\$56	181
Personal Care in Licensed Specialized Residential Setting		T1020	Days	2	305	\$27,362	\$13,681	\$90	153
Assessments		T1023	Encounter	2	20	\$4,080	\$2,040	\$204	10
Enhanced Medical Supplies or Pharmacy		T1999	Items	67	432	\$432	\$6	\$1	6
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	16	152	\$21,642	\$1,353	\$142	10
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies	9.90	T2029	Items	15	19	\$ 19	\$ 1	\$1	1
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				233		\$5,421,118			

Hiawatha			Unit			_	010	C #13-in	H-340
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	5	630	\$149,857	\$29,971	\$238	126
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258	***		0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$ 0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$ 0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	. 0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	11	12	\$3,547	\$322	\$296	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	5	8	\$4,019	\$804	\$502	2
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
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Hiawatha			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	60	143	\$11,459	\$191	\$80	2
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	8	8	\$9,629	\$1,204	\$1,204	1
Speech & Language Therapy		92507	Encounter	6	39	\$3,821	\$637	\$98	7
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)	,	92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	17	62	\$119,128	\$7,008	\$1,921	4
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$ 0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116	11001	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118	Hou	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$ 0	\$0	\$0	
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0 \$0	\$0	\$0 \$0	
Physical Therapy		97001	Encounter	1	1	\$4,398	\$4,398	\$4,398	1
- nysrou andrupy		21001	Discoulter			₽ ₱,370	ψ 4 ,270	₽4,270	1

Hiawatha			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	28	28	\$50,871	\$1,817	\$1,817	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	31	585	\$123,340	\$3,979	\$211	19
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	. 0	0	\$0	\$0	\$0	0
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Hiawatha			Unit				010	0 .71	11:00
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0_
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170	-	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210	W	0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	41	45	\$7,782	\$190	\$173	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	S0	0
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Hiawatha			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	26	30	\$33,785	\$1,299	\$1,126	1
Treatment Planning		H0032	Encounter	37	41	\$76,499	\$2,068	\$1,866	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	42	59	\$7,175	\$171	\$122	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	278	313,123	\$1,297,800	\$4,668	\$4	1,126
Community Living Supports (15 Minutes)		H2015	15 Minutes	60	71,283	\$489,979	\$8,166	\$7	1,188
Community Living Supports (Daily)		H2016	Per Diem	4	1,067	\$35,427	\$8,857	\$33	267
Community Living Supports (Daily)		H2016	Per Diem	4	1,095	\$49,411	\$12,353	\$45	274
Community Living Supports (Daily)		H2016	Per Diem	81	22,393	\$3,057,873	\$37,752	\$137	276
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	69	13,220	\$16,662	\$241	\$1	192
Mental Health Therapy	1/10	H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	13	20	\$589	\$45	\$29	2
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training	_	S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	13	143	\$4,175	\$321	\$29	11
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	2	2	\$603	\$301	\$301	1
Personal Emergency Response System (PERS)	****	S5161	Month	2	17	\$8,737	\$4,368	\$514	9
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
					0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	U	U	.50	.50		
Health Services Health Services		S9445 S9446	Encounter	0	0	\$0	\$0	\$0	0

Persons with Developmental Disabilities

Hiawatha			Unit						** ***
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	37	58	\$79,709	\$2,154	\$1,374	2
Health Services		T1002	Up to 15 min	31	216	\$71,701	\$2,313	\$332	7
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	82	78,845	\$245,290	\$2,991	\$3	962
Supports Coordination/Wrap Facilitation		T1016	15 minutes	260	5,797	\$501,216	\$1,928	\$86	22
Targeted Case Management		T1017	15 minutes	70	1,990	\$107,095	\$1,530	\$54	28
Nursing Home Mental Health Monitoring	- -	T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T 1020	Days	83	16,600	\$220,892	\$2,661	\$13	200
Personal Care in Licensed Specialized Residential Setting		T1020	Days	28	5,691	\$216,426	\$7,730	\$38	203
Personal Care in Licensed Specialized Residential Setting		T1020	Days	6	1,787	\$122,876	\$20,479	\$69	298
Assessments		T1023	Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999	Items	36	347	\$11,911	\$331	\$34	10
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	16	96	\$19,825	\$1,239	\$207	6
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost		-		269		\$7,163,505			

Huron Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
	0100, 0101, 0114,	Here's code	Days	0	0	\$0	\$0	\$0	
State Psychiatric Hospital - Inpatient PT22	0124, 0134, 0154		Dujo	·					
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	1	5	\$2,300	\$2,300	\$460	5
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$ 0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	1	15	\$650	\$650	\$43	15
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	9	9	\$540	\$60	\$ 60	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	6	69	\$10,654	\$1,776	\$154	12
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Huron			Unit			0	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	1	3	\$173	\$173	\$58	3
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	15	30	\$1,268	\$85	\$42	2
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		92633	But Haditold 15 Hildres	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	30	154	\$21,369	\$712	\$139	5
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101	11041	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0 \$0	0
		96111	Encounter	0		\$0	\$0	\$0	0
Assessments-Other		96115	Hour	0	0	\$0	\$0	\$0	
Assessments-Testing (Cliff 1 1 1)			Hour				\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116	17	0	0	\$0 \$0	\$0	\$0	
Assessments-Testing		96117	Hour	0	0				0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0 \$0	\$0 \$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0			
Neuropsych test Admin w/Comp (Children's Waiver)	-	96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$ 0	\$0	\$0	0

Huron			Unit				0 10	0 .711	** :- 10
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	24	27	\$3,274	\$136	\$121	<u> </u>
Occupational Therapy	****	97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	1	3	\$173	\$173	\$58	3
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$ 0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	33	466	\$14,376	\$436	\$31	14
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	··········	97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	-	97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	,	97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	2	2	\$104	\$52	\$52	1
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	50	110	\$6,261	\$125	\$57	2
Additional Codes-Physician Services		99215	Encounter	1	1	\$149	\$149	\$149	1
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
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Huron		Mence e I	Unit		** *	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units			\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0		
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$ 0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an	··· ·	D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$ 0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	3	5	\$177	\$59	\$35	2
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	2	17	\$9,877	\$4,939	\$581	9
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Huron			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	6	6	\$1,312	\$219	\$219	1
Treatment Planning		H0032	Encounter	1	1	\$385	\$385	\$385	1
		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA NA	10 1111111111	0	0	\$ 0	\$0	\$0	0
Peer Directed and Operated Support Services		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0043	Per diem	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Respite		H2000	Encounter	34	74	\$7,629	\$224	\$103	2
Behavior Management Review		H2010	15 minutes	0	0	\$0	\$0	\$0	
Comprehensive Medication Services - EBP only		H2010	15 Minutes	5	24	\$1,410	\$282	\$59	5
Crisis Intervention-Non-enrolled Service		H2011	15 minutes	102	109,446	\$712,058	\$6,981	\$7	1,073
Skill-Building and Out of Home Non Vocational Habilitation		H2014 H2015	15 Minutes	33	265,573	\$755,545	\$22,895	\$3	8,048
Community Living Supports (15 Minutes)				15	4,509	\$97,625	\$6,508	\$22	301
Community Living Supports (Daily)		H2016	Per Diem	8	2,538	\$192,006	\$24,001	\$76	317
Community Living Supports (Daily)		H2016	Per Diem	14	4,735	\$597,820	\$42,701	\$126	338
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$397,820	\$0	\$0	0
Behavior Services		H2019	15 Minutes		0	\$0	\$0	\$0	
Wraperound		H2022	Days	0 70			\$7,062	\$5 \$5	1,287
Supported Employment Services		H2023	15 minutes	70	90,075	\$494,350 \$0	\$7,002	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0		\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0 \$0	\$0 \$0	
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0			0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		\$5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

Huron			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	23	27	\$3,174	\$138	\$118	1
Health Services		T1002	Up to 15 min	34	1,611	\$34,508	\$1,015	\$21	47
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	41	28,202	\$41,143	\$1,003	\$1	688
Supports Coordination/Wrap Facilitation		T1016	15 minutes	139	5,697	\$242,448	\$1,744	\$43	41
Targeted Case Management		T1017	15 minutes	24	1,023	\$27,232	\$1,135	\$27	43
Nursing Home Mental Health Monitoring		T1017	15 minutes	6	96	\$3,821	\$637	\$40	16
Personal Care in Licensed Specialized Residential Setting		T1020	Days	15	4,510	\$18,228	\$1,215	\$4	301
Personal Care in Licensed Specialized Residential Setting		T1020	Days	1	365	\$25,820	\$25,820	\$71	365
Personal Care in Licensed Specialized Residential Setting		T1020	Days	20	6,909	\$1,201,241	\$60,062	\$174	345
Assessments		T1023	Encounter	3	6	\$1,846	\$615	\$308	2
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	1	442	\$3,740	\$3,740	\$8	442
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)			-	0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				191		\$4,534,685			

Ionia		HONGS G	Unit		** *	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	2	730	\$157,748	\$78,874	\$216	365
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospitai/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	1	4	\$2,515	\$2,515	\$629	4
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183	-	Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710	-		0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	1	13	\$1,574	\$1,574	\$121	13
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	15	15	\$7,646	\$510	\$510	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	2	9	\$378	\$189	\$42	5
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	C
Therapy-Individual Therapy	-	90806	Encounter 45-50 Min	5	29	\$2,144	\$429	\$74	
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	(
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	(
Therapy-Individual Therapy	,	90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	(
									

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	(
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	(
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	(
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	+
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individua! Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	
Therapy-Family Therapy		90847	Encounter	1	1	\$80	\$80	\$80	
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	
Therapy-Group Therapy		90853	Encounter	7	59	\$2,481	\$354	\$42	
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	
Medication Review		90862	Encounter	39	167	\$31,711	\$813	\$190	
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	_
Speech & Language Therapy		92526	Encounter	1	1	\$161	\$161	\$161	
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	
Assessments-Testing		96100	Hour	16	50	\$5,098	\$319	\$102	
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	
Psychological Testing by Technician (Children's Waiver)	, <u> </u>	96102		0	0	\$0	\$0	\$0	
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	
		96118		0	0	\$0	\$0	\$0	
Neuropsych test by Psych/Phys (Children's Waiver) Neuropsych test by Tech (Children's Waiver)		96119	A	0	0	\$0	\$0	\$0	
INPUTODISCO DESCRIPTO A SUCCEDIS WALVELL		20112							
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	

Ionia		yanga a I	Unit		T I - in -	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units 0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	5	\$1,166	\$233	S233	1
Occupational Therapy	· · ·	97003	Encounter	5	9	\$1,864	\$266	\$207	1
Occupational Therapy		97004	Encounter	7	0	\$1,864	\$200	\$207	
Occupational or Physical Therapy		97110	15 Minutes	0		\$0 \$0	\$0	\$0	
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0		\$191	\$96	2
Occupational or Physical Therapy		97116	15 Minutes	1	2	\$191		\$90	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0 \$0	\$0 \$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0				0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	3	5	\$122	\$41	\$24	2
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	4	14	\$1,249	\$312	\$89	4
Assessment or Health Services		97803	15 Minutes	10	37	\$4,668	\$467	\$126	4
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	· · -	99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

Ionia			Unit						** ** 6
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	,,	99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	_	99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130	-	0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation	·	A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428	· · · · · · · · · · · · · · · · · · ·	0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings	* :	D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0 \$0	\$0	\$0 \$0	0
Enhanced Medical Equipment-Supplies		E1340	15 Minutes Items	1	1	\$241	\$241	\$241	1
Activity Therapy (Children's Waiver)		G0176							
Family Training/Support EBP only		G0176 G0177	Encounter Encounter	0	0	\$0	\$0	\$0	0
Medication administration			Encounter	0	0	\$0	\$0	\$0	0
Assessment		G0351 H0002	F		0	\$0	\$0	\$0	0
Assessment Crisis Residential Services			Encounter	0	0	\$0	\$0	\$0	0
CHSIS RESIDENTIAL SETVICES		H0018	Days	0	0	\$0	\$0	\$0	0

Ionia			Unit		•	C .	Cont/Con	Coat/Unit	Unit/Cono
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	12	12	\$1,147	\$96	\$96	1
Treatment Planning		H0032	Encounter	58	219	\$20,932	\$361	\$96	4
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	11	63	\$4,657	\$4,657	\$74	63
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	17	2,014	\$644,120	\$37,889	\$320	118
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	12	15	\$10,265	\$855	\$684	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	S0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	5	84	\$4,496	\$899	\$54	17
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	16	4,983	\$92,079	\$5,755	\$18	311
Community Living Supports (15 Minutes)		H2015	15 Minutes	94	258,029	\$1,113,456	\$11,845	\$4	2,745
Community Living Supports (Daily)		H2016	Per Diem	15	5,292	\$148,130	\$9,875	\$28	353
Community Living Supports (Daily)		H2016	Per Diem	5	1,823	\$94,834	\$18,967	\$52	365
Community Living Supports (Daily)		H2016	Per Diem	8	2,921	\$360,822	\$45,103	\$124	365
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	13	1,633	\$108,216	\$8,324	\$66	126
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	27	177	\$33,158	\$1,228	\$187	7
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	2	51	\$79,081	\$39,541	\$1,551	26
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	- 0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)	0302	S9125	Per Diem	0	0	\$0	\$0		0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9125 S9445	Encounter	0	0	\$0	\$0	\$0	
Health Services		S9445 S9446	Encounter	1	4	\$89	\$89	\$22	4
Health Services		S9446 S9470		10	4	\$268	\$27	\$19	4
Intensive Crisis Stabilization-Enrolled Program		S9470 S9484	Encounter	0	0	\$268	\$27	\$19	0
incontro Crisis stabilization-Enrolled (19graff)		37404	nodr	V	U		3 ∪	30	

Ionia			Unit	_		C	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	22	62	\$1,975	\$90	\$32	3
Health Services		T1002	Up to 15 min	24	323	\$13,172	\$549	\$41	13
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	17	12,425	\$58,745	\$3,456	\$5	731
Supports Coordination/Wrap Facilitation		T1016	15 minutes	73	2,452	\$165,615	\$2,269	\$68	34
Targeted Case Management		T1017	15 minutes	103	3,159	\$213,367	\$2,072	\$68	31
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	19	6,752	\$117,454	\$6,182	\$17	355
Personal Care in Licensed Specialized Residential Setting		T1020	Days	2	730	\$55,335	\$27,667	\$76	365
Personal Care in Licensed Specialized Residential Setting		T1020	Days	7	2,554	\$412,057	\$58,865	\$161	365
Assessments		T1023	Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	9	19	\$3,705	\$412	\$195	2
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)	-	T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$ 0	\$0	\$0	0
Other	1 1 1 11			0	0	\$0	\$0	\$0	0
Total Population and Cost				364		\$3,978,212			

Persons with Developmental	Disabilities
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Kalamazoo Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	(
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	4	763	\$174,062	\$43,516	\$228	19:
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	(
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0 .	\$0	(
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	(
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	(
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	(
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	(
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	(
ECT Anesthesia	0370			0	0	\$ 0	\$0	\$0	(
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	(
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	(
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	(
Inpatient Hospital Ancillary Services - Emergency Room	0450	-	# of visits	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	(
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	(
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$ 0	
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	(
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	(
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	(
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	(
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	(
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	(
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	(
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	
Medication Administration		90782	Encounter	9	53	\$2,063	\$229	\$39	(
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	
Assessment-Psychiatric Assessment		90801	Encounter	265	291	\$24,301	\$92	\$84	
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90804	Encounter 20-30 Min	1	11	\$2,707	\$2,707	\$246	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	(
Therapy-Individual Therapy		90806	Encounter 45-50 Min	43	447	\$51,337	\$1,194	\$115	10
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	•
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	

Kalamazoo	0.1	HODGO G	Unit		** **	Cost	Cost/Case	Cost/Unit	Unit/Case
33.110	evenue Code	HCPCS Code	Measure	Cases	Units				
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	. 0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	-	90826	Encounter 45-50 Min	0	0	\$0	20	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	2	17	\$1,275	\$638	\$ 75	9
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	1	2	\$60	\$60	\$30	2
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	307	1,237	\$118,644	\$386	\$96	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	2	49	\$930	\$465	\$19	25
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
		92633	Each Additional 13 Whites	0		\$0	\$0	\$0	0
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		96100	Hour	23	64	\$2,822	\$123	\$44	3
Assessments-Testing		96101	rioui	0	0	\$2,322 \$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)				0	0		\$0	\$0	
Psychological Testing by Technician (Children's Waiver)		96102		0		\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103					\$0	\$0	
Assessments-Other		96105	Encounter	0	0	\$0 \$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0				
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	2	4	\$223	\$112	\$56	2
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	11	3	\$150	\$150	\$50	3
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	67	73	\$7,996	\$119	\$110	1

Kalamazoo			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002	Encounter	10	12	\$744	\$74	\$62	1
Occupational Therapy		97003	Encounter	18	18	\$1,116	\$62	\$62	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	6	127	\$12,146	\$2,024	\$96	21
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	4	576	\$7,859	\$1,965	\$14	144
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$ 0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	3	4	\$588	\$196	\$147	1
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$ 0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	<u>. </u>	99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	2	2	\$924	\$462	\$462	1
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

Kalamazoo			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$ 0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$ 0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351	Discounter	0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	99	99	\$81,731	\$826	\$826	1
Crisis Residential Services		H0018	Days	11	160	\$39,520	\$3,593	\$247	15
		110010	Duya	11	100	907,020	رور ورب	9471	

Kalamazoo	Revenue Code	HCPCS Code	Unit	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	H0025	Measure Face to Face Contact	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model			Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0031		112	414	\$51,515	\$460	\$124	4
Treatment Planning		H0032	Encounter	0	0	\$0	\$0	\$124	0
Health Services		H0034	15 Minutes	0		\$0	\$0	\$0	
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0		\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA H0020	1536	24	6,280	\$184,196	\$7,675	\$29	262
Assertive Community Treatment (ACT)		H0039	15 Minutes	6	1,824	\$10,105	\$1,684	\$6	304
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$10,103	\$1,084	\$0	
Respite		H0045	Per Diem	117	376	\$12,188	\$104	\$32	3
Behavior Management Review		H2000	Encounter	0	0	\$12,188	\$104	\$0	
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes					\$3	3,384
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	330	1,116,654	\$3,010,722	\$9,123	\$3 \$2	10,088
Community Living Supports (15 Minutes)		H2015	15 Minutes	171	1,725,091	\$4,172,690	\$24,402		
Community Living Supports (Daily)		H2016	Per Diem	17	3,524	\$84,221	\$4,954	\$24	207
Community Living Supports (Daily)		H2016	Per Diem	108	32,828	\$1,797,621	\$16,645	\$55	304
Community Living Supports (Daily)		H2016	Per Diem	92	30,270	\$3,816,973	\$41,489	\$126	329
Behavior Services		H2019	15 Minutes	. 1	9	\$169	\$169	\$19	9
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	164	81,106	\$819,078	\$4,994	\$10	495
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	15	20,726	\$65,664	\$4,378	\$3	1,382
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	2	6	\$378	\$189	\$63	3
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	5	34	\$7,045	\$1,409	\$207	7
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	229	256,449	\$399,111	\$1,743	\$2	1,120
Respite	****	S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	72	1,547	\$91,377	\$1,269	\$59	21
Private Duty Nursing	0582	S9123	Hour	2	62	\$1,358	\$679	\$22	31
Private Duty Nursing	0582	S9124	Hour	2	2,482	\$48,384	\$24,192	\$19	1,241
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

Kalamazoo			Unit						** ' ' ' '
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	72	73	\$28,583	\$397	\$392	1
Health Services		T1002	Up to 15 min	302	2,827	\$84,067	\$278	\$30	9
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	75	80,191	\$348,541	\$4,647	\$4	1,069
Supports Coordination/Wrap Facilitation		T1016	15 minutes	567	38,637	\$1,886,707	\$3,328	\$49	68
Targeted Case Management		T1017	15 minutes	38	2,051	\$172,787	\$4,547	\$84	54
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	41	10,539	\$186,773	\$ 4,555	\$18	257
Personal Care in Licensed Specialized Residential Setting		T1020	Days	144	45,795	\$2,642,852	\$18,353	\$58	318
Personal Care in Licensed Specialized Residential Setting		T1020	Days	32	9,942	\$904,406	\$28,263	\$91	311
Assessments		T1023	Encounter	2	2	\$6,010	\$3,005	\$3,005	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$ 0	\$0	0
Transportation		T2005	,	0	0	\$0	\$0	\$0	0_
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	11	99	\$28,140	\$2,558	\$284	9
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	1	1	\$11,068	\$11,068	\$11,068	1
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	23	210	\$47,069	\$2,046	\$224	9
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				829		\$21,450,996			

Lapeer Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114,		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0124, 0134, 0154 0100, 0101, 0114,		Days	2	629	\$131,077	\$65,539	\$208	315
Local Psychiatric Hospital/IMD PT68	0124, 0134, 0154 0100, 0101, 0114,		Days	0	0	\$0	\$0	\$0	0
	0124, 0134, 0154	1-11		2	13	\$6,424	\$3,212	\$494	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days		13				
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772	· · · · · · · · · · · · · · · · · · ·	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	22	31	\$5,434	\$247	\$175	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	2	12	\$772	\$386	\$64	6
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	-	90806	Encounter 45-50 Min	16	150	\$18,534	\$1,158	\$124	9
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	-	90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category	Persons with Developmental Disabilities							
apeer ervice Category	Revenue Code	HCPCS Code	Unit Measure	Cases				
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0				

Lapeer Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy	-	90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Family Therapy	- MANUEL	90846	Encounter	2	5	\$641	\$321	\$128	
Therapy-Family Therapy		90847	Encounter	3	19	\$2,546	\$849	\$134	
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	
Medication Review		90862	Encounter	95	451	\$59,839	\$630	\$133	
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	-
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	
Assessments-Testing		96100	Hour	6	14	\$2,043	\$340	\$146	
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	
Psychological Testing by Comp (Children's Waiver)	-	96103		0	0	\$0	\$0	\$0	
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	
Neurobehavioral Status Exam (Children's Waiver)		96116	111 122 123 124 124 124 124 124 124 124 124 124 124	0	0	\$0	\$0	\$0	
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	
Physical Therapy		97001	Encounter	12	19	\$2,844	\$237	\$150	

Lapeer			Unit				Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	27	28	\$2,695	\$100	\$96	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	1	6	\$199	\$199	\$33	6
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$ 0	0
Occupational or Physical Therapy		97542	15 Minutes	5	13	\$432	\$ 86	\$33	3
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services	-	97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221	•	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	<u>-</u>	99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0 \$0	
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services Additional Codes-Physician Services		99244		0	0	\$0 \$0	\$0	\$0	0
			Encounter	0		\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	U	0	30	30	\$0	U

Lapeer			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	· · · · · · · · · · · · · · · · · · ·	99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	-	99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation	,	A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant	2	D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration	·	G0351		0	0	\$0	\$0	\$0	0
Assessment	0	H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	1	47	\$16,446	\$16,446	\$350	47
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Lapeer			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	49	58	\$10,034	\$205	\$173	1
Treatment Planning		H0032	Encounter	81	352	\$69,844	\$862	\$198	4
Health Services		H0034	15 Minutes	1	1	\$33	\$33	\$33	1
Home Based Services		H0036	15 Minutes	7	1,198	\$44,182	\$6,312	\$37	171
Community Psychiatric Supportive Treatment		Н0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0		\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	68	121	\$4,021	\$59	\$33	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	1	6	\$203	\$203	\$34	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	190	619,320	\$1,542,107	\$8,116	\$2	3,260
Community Living Supports (15 Minutes)		H2015	15 Minutes	29	47,180	\$292,516	\$10,087	\$6	1,627
Community Living Supports (Daily)		H2016	Per Diem	39	11,283	\$297,984	\$7,641	\$26	289
Community Living Supports (Daily)		H2016	Per Diem	18	5,571	\$274,260	\$15,237	\$49	310
Community Living Supports (Daily)		H2016	Per Diem	53	18,160	\$2,018,121	\$38,078	\$111	343
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	28	66,236	\$350,388	\$12,514	\$5	2,366
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	1	4,374	\$15,178	\$15,178	\$3	4,374
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)	***	S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
25.30.	·		77						

Lapeer			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	17	18	\$1,060	\$62	\$59	1
Health Services		T1002	Up to 15 min	5	10	\$329	\$66	\$33	2
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	47	41,838	\$108,360	\$2,306	\$3	890
Supports Coordination/Wrap Facilitation		T1016	15 minutes	304	5,629	\$420,317	\$1,383	\$ 75	19
Targeted Case Management		T1017	15 minutes	4	31	\$2,141	\$535	\$ 69	8
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	73	23,233	\$239,068	\$3,275	\$10	318
Personal Care in Licensed Specialized Residential Setting		T1020	Days	29	9,686	\$486,818	\$16,787	\$50	334
Personal Care in Licensed Specialized Residential Setting		T1020	Days	7	2,095	\$152,432	\$21,776	\$73	299
Assessments		T1023	Encounter	3	3	\$720	\$240	\$240	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	17	0	\$6,180	\$364	\$0	0
Out of Home Prevocational Service		T2015	Hour	4	1,048	\$10,365	\$2,591	\$10	262
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	1	1	\$1,021	\$1,021	\$1,021	1
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	20	359	\$88,874	\$4,444	\$248	18
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	10	44	\$2,733	\$273	\$62	4
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				334		\$6,689,217			

Lenawee			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	2	378	\$81,875	\$40,938	\$217	189
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	2	17	\$9,687	\$4,844	\$570	9
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0 .	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901	···	Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	1	17	\$1,022	\$1,022	\$60	17
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	6	6	\$1,625	\$271	\$271	l
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	1	8	\$671	\$671	\$84	8
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Lenawee			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	-	90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	82	448	\$61,309	\$748	\$137	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	13	13	\$1,600	\$123	\$123	1
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	10	39	\$11,761	\$1,176	\$302	4
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116	11041	0	0	\$0	\$0	\$0	0
Assessments-Testing		96116	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)	<u></u>	96117	1104	0	0	\$0	\$0	\$0 \$0	
Neuropsych test by Tech (Children's Waiver)		96118		0	0	\$0	\$0	\$0 \$0	
Neuropsych test Admin w/Comp (Children's Waiver)		96119		0	0	\$0	\$0	\$0 \$0	
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	
ritysicai incrapy		9/001	Encounter	U		3 U	20	30	

Lenawee			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	****	99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$ 0	\$0	\$ 0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$ 0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221	Encounci	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services									
		99231		0	0	\$0 \$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0		\$0	\$0	0
Additional Codes-Physician Services		99233	2026	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

Lenawee		rranga o 1	Unit		** *	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units				
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	00	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation	-	A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220	100	0	0	\$ 0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391	· · · ·	0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0 \$0	0
Family Training/Support EBP only		G0178	Encounter	0	0	\$0 \$0	\$0	\$0 \$0	0
Medication administration		G0351	Encounter	0	0	\$0 \$0	\$0	\$0 \$0	
Assessment	18 918	H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0002	Days	0	0	\$0	\$0	\$0	0
The resident of the same of th		110010	Days	u	<u> </u>		3 ∪	3U	<u> </u>

Lenawee	Revenue Code	HCPCS Code	Unit	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	H0025	Measure	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model			Face to Face Contact	61	117	\$35,383	\$580	\$302	2
Assessment		H0031	Encounter	0	0	\$0	\$380	\$302	0
Treatment Planning		H0032	Encounter		520	\$63,882	\$1,879	\$123	15
Health Services		H0034	15 Minutes	34 0	0	\$03,882	\$1,879	\$123	0
Home Based Services		H0036	15 Minutes	0	0	\$0 \$0	\$0	\$0	
Community Psychiatric Supportive Treatment		H0037	Per diem				\$0	\$0	
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	
Peer Directed and Operated Support Services		NA		0	0				
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	11	44	\$10,984	\$999	\$250	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	167	347,173	\$1,673,374	\$10,020	\$5	2,079
Community Living Supports (15 Minutes)		H2015	15 Minutes	19	182,239	\$887,504	\$46,711	\$5	9,592
Community Living Supports (Daily)		H2016	Per Diem	16	5,043	\$368,139	\$23,009	\$73	315
Community Living Supports (Daily)		H2016	Per Diem	19	5,746	\$502,143	\$26,429	\$87	302
Community Living Supports (Daily)		H2016	Per Diem	40	11,409	\$2,040,500	\$51,013	\$179	285
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	. 0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	7	7,869	\$48,788	\$6,970	\$6	1,124
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$ 0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	Û	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
		57 104	Hour			φv			

Lenawee	P C '	HCPCS Code	Unit	0	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Measure	Cases					
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	35	49	\$6,056	\$173	\$124	1
Health Services		T1002	Up to 15 min	107	1,949	\$240,896	\$2,251	\$124	18
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	224	5,255	\$ 624,557	\$2,788	\$119	23
Targeted Case Management		T1017	15 minutes	5	161	\$17,525	\$3,505	\$109	32
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	28	8,456	\$413,076	\$14,753	\$49	302
Personal Care in Licensed Specialized Residential Setting		T1020	Days	16	4,689	\$354,207	\$22,138	\$76	293
Personal Care in Licensed Specialized Residential Setting		T1020	Days	32	9,200	\$1,524,072	\$47,627	\$166	288
Assessments		T1023	Encounter	3	3	\$907	\$302	\$302	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$ 0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	20	20	\$15,723	\$786	\$786	1
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	2	24	\$40,512	\$20,256	\$1,688	12
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				255		\$9,037,778			

Section Procession Proces	Lifeways			Unit	_		6	Cont/Cone	Cost/I Init	Unit/Cone
March Mendal Endales Fragion England March Mendales Fragion Mar	Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Cale Prychamic Experiment Property Cale Prychamic Experiment Property Cale Prychamic Experiment Property Cale Prychamic Experiment Property Cale Prychamic Prych	State Psychiatric Hospital - Inpatient PT22			Days	4	146	\$48,403	\$12,101	\$332	37
Disposit Regular Aces Centraminy FT77 0004, 0154, 0154 0014, 0154 014, 0154, 0154 014, 0154, 0154 014, 0154, 0154 014, 0154, 0154 014, 0154, 0154 014, 0154, 0154 014, 0154, 0154 014, 0154, 0154 014, 0154, 0154 0154, 0154, 0154 0154, 0154 0154, 0154, 0154 0154, 0154, 0154 0154, 0154, 0154 0154,	State Mental Retardation Facility - Inpatient (ICF/MR) PT65			Days	0	0	\$0	\$0	\$0	0
Pages Page	Local Psychiatric Hospital/IMD PT68			Days	5	41	\$25,010	\$5,002	\$610	8
	Local Psychiatric Hospital - Acute Community PT73			Days	17	190	\$116,945	\$6,879	\$616	11
Paper	Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Pagener Hoppin Amellery Services - Medical Surgius and Deckson 20,000,000,000 30,000 30,000	Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Page-late Hospital Ancillary Services - Laboratory Obero 2007 For festes Ober 2007 Ober 2007	Inpatient Hospital Ancillary Services - Pharmacy				0	0	\$0	\$0	\$0	0
Part	Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Part	Inpatient Hospital Ancillary Services - Laboratory			# of tests	0	0	\$0	\$0	\$0	0
	Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
Pagester Hespiral Ascillary Services - Physical Therapy	· i · · · · · · · · · · · · · · · · ·	0370			0	0	\$0	\$0	\$0	0
Papeline Hospital Anzellary Services - Occupational Therapy	Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Paperice Hospital Ancellary Services - Speech Language Pathology	Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Papelites Hospital Ancillary Services Ehrengeny Norm	Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Page	Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Impatient Hospital Ancillary Services - Audinology (MRT)		0450		# of visits	0	0	\$0	\$0	\$0	0
Papatient Hespital Ancillary Services - Magnetic Resonance Technology (MRT)	Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Impatient Hospital Ancillary Services - Magmetic Resonance Technology (MRT)	MANUEL TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE T	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
CT Recovery Room		0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Feed Peed		0636		# of units	0	0	\$0	\$0	\$0	0
Paper Pape		0710			0	0	\$0	\$0	\$0	0
Paper Pape		0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	_ · · · · · ·	0740	_	# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Paparient Hospital Ancillary Services - Psychiatric		0901		Encounter	0	0	\$0	\$0	\$ 0	0
Outpatient Partial Hospitalization 0913 Days 0 0 \$0		0900, 0902-0904,			0	0	\$0	\$0	\$0	0
Impatient Hospital Ancillary Services - Other Diagnosis Services 0925	Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Papatient Hospital Ancillary Services - Other Therapeutic Services 0940-0942	Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia 00104 Minutes 0 0 \$0	Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Pher/Proph/Diag ING, SC/IM - Children's Waiver 90772 Encounter 5 46 \$13,557 \$2,711 \$295 9 9 9 9 9 9 9 9 9	Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Medication Administration 99782 Encounter 5 46 \$13,557 \$2,711 \$295 9 Medication Administration 99788 Encounter 0 0 \$0	Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration 90788 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$16 \$163 \$1 Assessment-Psychiatric Assessment 90801 Encounter 0 0 \$0	Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment 99801 Encounter 213 216 \$35,310 \$166 \$163 \$1 Assessment-Psychiatric Assessment 99802 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$15 \$17,27 \$173 \$115 \$2 Therapy-Individual Therapy 90805 Encounter 20-30 Min 0 0 \$0<	Medication Administration		90782	Encounter	5	46	\$13,557	\$2,711	\$295	9
Assessment-Psychiatric Assessment 9802 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$173 \$115 \$2 Therapy-Individual Therapy 9805 Encounter 20-30 Min 0 0 \$	Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 9804 Encounter 20-30 Min 10 15 \$1,727 \$173 \$115 2 Therapy-Individual Therapy 9805 Encounter 20-30 Min 0 0 \$0	Assessment-Psychiatric Assessment		90801	Encounter	213	216	\$35,310	\$166	\$163	1
Therapy-Individual Therapy 9804 Encounter 20-30 Min 10 15 \$1,727 \$173 \$115 2 Therapy-Individual Therapy 9805 Encounter 20-30 Min 0 0 \$0	Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 9805 Encounter 20-30 Min 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$10 \$7 Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0	Therapy-Individual Therapy		90804	Encounter 20-30 Min	10	15		\$173	\$115	2
Therapy-Individual Therapy 9806 Encounter 45-50 Min 31 208 \$21,077 \$680 \$101 7 Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0										
Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$										
Therapy-Individual Therapy 90808 Encounter 75-80 Min 0 0 \$										
Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 0 \$										
				Encounter 20-30 Min			\$0	\$0		0

Lifeways	D C.1.	HCDCS Code	Unit	Canan	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases 0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min		0	\$0	\$0	\$0	
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0		\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0		\$0	\$0	
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0 \$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0			
Therapy-Individual Therapy		90818	Encounter 45-50 Min	1	1	\$130	\$130	\$130	1
Therapy-Individual Therapy		90819	Encounter 45-50 Min	1	1	\$195	\$195	\$195	1
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	1	1	\$196	\$196	\$196	1
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	8	66	\$3,367	\$421	\$51	8
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	246	1,014	\$84,760	\$345	\$84	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	5	15	\$3,180	\$636	\$212	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)	-	96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)	1 1 300	96120		0	0	\$0	\$0	\$0	0
Physical Therapy	3-14-3-	97001	Encounter	0	0	\$0	\$0	\$0	0

Lifeways			Unit	_		Com	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	31	37	\$7,978	\$257	\$216	1
Occupational Therapy		97004	Encounter	3	3	\$340	\$113	\$113	1
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	152	2,699	\$242,181	\$1,593	\$90	18
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	21	84	\$7,532	\$359	\$90	4
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	-	99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99244	Encounter	0	0	S0	\$0	\$0	
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
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Lifeways Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
	Terenae code	99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation				0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	
Transportation		A0120		0	- 0	\$0	\$0	\$0	0
Transportation		A0130				\$0	\$0		0
Transportation		A0140		0	0	\$0	\$0 \$0	\$0	
Transportation		A0170		0	0			\$0	
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0			
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$ 0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$ 0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$ 0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	83	86	\$24,510	\$295	\$285	1
Crisis Residential Services		H0018	Days	12	44	\$10,769	\$897	\$245	4

Lifeways			Unit	_		C	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	33	35	\$3,850	\$117	\$110	1
Treatment Planning		H0032	Encounter	18	114	\$5,472	\$304	\$48	6
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	20	2,229	\$93,596	\$4,680	\$42	111
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	5	887	\$24,703	\$4,941	\$28	177
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0 _	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	100	160	\$12,000	\$120	\$75	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	5	575	\$21,252	\$4,250	\$37	115
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	352	343,162	\$1,846,212	\$5,245	\$5	975
Community Living Supports (15 Minutes)		H2015	15 Minutes	13	22,253	\$168,900	\$12,992	\$8	1,712
Community Living Supports (Daily)		H2016	Per Diem	60	14,135	\$497,411	\$8,290	\$35	236
Community Living Supports (Daily)		H2016	Per Diem	75	21,347	\$1,553,635	\$20,715	\$ 73	285
Community Living Supports (Daily)		H2016	Per Diem	113	34,093	\$3,912,170	\$34,621	\$115	302
Behavior Services		H2019	15 Minutes	78	1,488	\$35,518	\$455	\$24	19
Wraparound		H2022	Days	2	2	\$100	\$50	\$50	1
Supported Employment Services		H2023	15 minutes	10	1,782	\$10,211	\$1,021	\$6	178
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	9	24,631	\$98,524	\$10,947	\$4	2,737
Medication Review		M0064	Encounter Face-to-Face	87	172	\$15,167	\$174	\$88	2
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$ 0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	6	2,831	\$7,051	\$1,175	\$2	472
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		\$5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0		
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0 \$0	0
Health Services		S9445	Encounter	0	0	\$0 \$0	\$0		
Health Services		S9470	Encounter	148	1,420	\$93,862	\$634	\$66	10
Intensive Crisis Stabilization-Enrolled Program		S9470 S9484	Hour	46	1,420	\$18,597	\$404	\$186	2
mensive crass stabilization-Emolicu Flogram		37404	nour	40	100	166,014	3404	2180	

Lifeways			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	3	21,041	\$575,682	\$191,894	\$27	7,014
Assessment		T1001	Encounter	13	14	\$2,214	\$170	\$158	1
Health Services		T1002	Up to 15 min	151	6,003	\$250,805	\$1,661	\$42	40
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	
Health Services		T1005	15 minutes	95	51,076	\$373,876	\$3,936	\$7	538
Supports Coordination/Wrap Facilitation		T1016	15 minutes	306	22,171	\$1,086,379	\$3,550	\$49	72
Targeted Case Management		T1017	15 minutes	290	17,919	\$447,975	\$1,545	\$25	62
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	56	14,926	\$449,870	\$8,033	\$30	267
Personal Care in Licensed Specialized Residential Setting		T1020	Days	39	11,851	\$836,918	\$21,459	\$71	304
Personal Care in Licensed Specialized Residential Setting		T1020	Days	78	25,555	\$2,565,848	\$32,895	\$100	328
Assessments		T1023	Encounter	40	44	\$6,123	\$153	\$139	İ
Enhanced Medical Supplies or Pharmacy		T1999	Items	171	1,848	\$109,679	\$641	\$59	11
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	12	2,461	\$75,750	\$6,312	\$31	205
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$ 0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				637		\$15,846,516			

Livingston Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	2	711	\$169,040	\$84,520	\$238	356
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Anciliary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925	***	# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	22	23	\$6,154	\$280	\$268	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	5	19	\$1,230	\$246	\$65	4
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	10	97	\$13,035	\$1,304	\$134	10
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	1	1	\$196	\$196	\$196	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Livingston			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	4	23	\$3,071	\$768	\$134	6
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	74	301	\$40,099	\$542	\$133	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	11	17	\$2,420	\$220	\$142	2
Speech & Language Therapy		92507	Encounter	10	218	\$23,162	\$2,316	\$106	22
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	16	40	\$5,081	\$318	\$127	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	8	\$1,051	\$0	\$131	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116	Trou:	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96117	11001	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Oy Tech (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
		96120	Encounter	0	0	\$0	\$0	\$0 \$0	0
Physical Therapy		9/001	Encounter	· · · · · · · · · · · · · · · · · · ·	U	⊅ ∪	200	20	0

Livingston			T fair						
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	24	32	\$4,757	\$198	\$149	1
Occupational Therapy		97004	Encounter	15	23	\$2,256	\$150	\$98	2
Occupational or Physical Therapy		97110	15 Minutes	0	4	\$313	\$0	\$78	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	******	97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	6	56	\$1,252	\$209	\$22	9
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	9	132	\$3,155	\$351	\$24	15
Occupational or Physical Therapy		97535	15 Minutes	1	6	\$150	\$150	\$25	6
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	1	5	\$83	\$83	\$17	5
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	1 1	99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$ 0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
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Persons with Developmental Disabilities

Livingston		rranga a 1	Unit		***	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units				
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$ 0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment	* * * * * * * * * * * * * * * * * * * *	H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services	****	H0018	Days	0	0	\$0	\$0	\$0	0

Livingston			Unit	_		0	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	149	154	\$66,192	\$444	\$430	11
Treatment Planning		H0032	Encounter	108	234	\$31,677	\$293	\$135	2
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	1	10	\$577	\$577	\$58	10
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	14	19	\$926	\$66	\$49	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	7	37	\$1,962	\$280	\$53	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	92	154,575	\$695,588	\$7,561	\$5	1,680
Community Living Supports (15 Minutes)		H2015	15 Minutes	72	750,482	\$2,501,973	\$34,750	\$3	10,423
Community Living Supports (Daily)		H2016	Per Diem	43	6,858	\$558,584	\$12,990	\$81	159
Community Living Supports (Daily)		H2016	Per Diem	29	4,011	\$258,830	\$8,925	\$65	138
Community Living Supports (Daily)		H2016	Per Diem	28	3,763	\$408,587	\$14,592	\$109	134
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	51	32,625	\$125,280	\$2,456	\$4	640
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	4	3,522	\$18,385	\$4,596	\$5	881
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	3	4	\$617	\$206	\$154	1
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	1	41	\$7,644	\$7,644	\$186	41
Respite		S5150	15 Minutes	115	127,838	\$300,419	\$2,612	\$2	1,112
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	3	4	\$169	\$56	\$42	1
Occupational or Physical Therapy		\$8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

Livingston	D 01	WORKS O. I	Unit	_		6	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	10	10	\$2,920	\$292	\$292	1
Health Services		T1002	Up to 15 min	62	1,311	\$107,253	\$1,730	\$82	21
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	18	8,367	\$53,111	\$2,951	\$6	465
Supports Coordination/Wrap Facilitation		T1016	15 minutes	272	5,338	\$883,759	\$3,249	\$166	20
Targeted Case Management		T1017	15 minutes	10	154	\$12,151	\$1,215	\$79	15
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	13	2,146	\$27,640	\$2,126	\$13	165
Personal Care in Licensed Specialized Residential Setting		T1020	Days	18	2,831	\$179,089	\$9,949	\$63	157
Personal Care in Licensed Specialized Residential Setting		T1020	Days	35	9,276	\$1,059,041	\$30,258	\$114	265
Assessments		T1023	Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999	Items	30	71	\$2,818	\$94	\$40	2
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	30	17,160	\$200,772	\$6,692	\$12	572
Targeted Case Management (Children's Waiver)		T2023	Month	9	85	\$44,442	\$4,938	\$523	9
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	7	7	\$558	\$80	\$80	I
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	2	11	\$12,588	\$6,294	\$1,144	6
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				325		\$7,840,057			

Macomb Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
	0100, 0101, 0114,	1101 05 0000	Days	0	0	\$0	\$0	\$0	0
State Psychiatric Hospital - Inpatient PT22	0124, 0134, 0154		Duys						
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	4	1,330	\$286,689	\$71,672	\$216	333
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	. 0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731	,	# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$ 0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	8	32	\$1,789	\$224	\$56	4
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	1,301	1,391	\$431,735	\$332	\$310	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	14	44	\$6,923	\$494	\$157	3
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	31	219	\$33,661	\$1,086	\$154	7
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	38	165	\$56,411	\$1,484	\$342	4
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	C

Chillist Cost Data by Scritce Category		DOILD 111111 201011	Sp 2 1040111110		- 10-441				<i>8</i>
Macomb Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy	Revenue Code	90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
· · · · · · · · · · · · · · · · · · ·		90822	Encounter 75-80 Min	0	0	\$0	\$0		0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90824	Encounter 20-30 Min		0	\$0	\$0	\$0 \$0	0
Therapy-Individual Therapy		90824		0		\$0	\$0	\$0 \$0	0
Therapy-Individual Therapy			Encounter 45-50 Min						
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	2	5	\$657	\$328	\$131	3
Therapy-Family Therapy	***	90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	248	248	\$34,375	\$139	\$139	1
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	563	2,269	\$154,187	\$274	\$68	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	51	61	\$15,882	\$311	\$260	1
Speech & Language Therapy		92507	Encounter	71	2,030	\$88,977	\$1,253	\$44	29
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	1	3	\$159	\$159	\$53	3
Speech & Language Therapy		92610	Encounter	20	20	\$12,347	\$617	\$617	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	61	179	\$20,814	\$341	\$116	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other	***************************************	96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	377	1,220	\$130,860	\$347	\$107	3
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	8	11	\$613	\$77	\$56	1

Macomb			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002	Encounter	3	3	\$72	\$24	\$24	1
Occupational Therapy		97003	Encounter	307	349	\$180,348	\$ 587	\$517	1
Occupational Therapy		97004	Encounter	21	22	\$623	\$30	\$28	1
Occupational or Physical Therapy		97110	15 Minutes	16	744	\$13,393	\$837	\$18	47
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	23	35	\$2,264	\$98	\$65	2
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	4	14	\$1,800	\$450	\$129	4
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	29	41	\$2,442	\$84	\$60	1
Occupational or Physical Therapy		97530	15 Minutes	100	5,928	\$142,012	\$1,420	\$24	59
Occupational or Physical Therapy		97532	15 Minutes	3	128	\$1,924	\$641	\$15	43
Occupational or Physical Therapy		97533	15 Minutes	13	460	\$8,394	\$646	\$18	35
Occupational or Physical Therapy		97535	15 Minutes	81	232	\$19,453	\$240	\$84	3
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	216	616	\$90,955	\$421	\$148	3
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	1	2	\$137	\$137	\$68	2
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762	·	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	32	137	\$16,693	\$522	\$122	4
Assessment or Health Services		97803	15 Minutes	427	1,544	\$161,997	\$379	\$105	4
Health Services		97804	30 Minutes	1	2	\$453	\$453	\$227	2
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$ 0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233	-	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

Persons w	ith Developmental	Disabilities
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Macomb Revenue Code HCPC Additional Codes-Physician Services 992: Additional Codes-Physician Services 992:	153 154 155 161 162 163 171 172 173 174 175 176 176 177 177 177 177 177 177 177 177	Unit Measure Encounter Per mile Per mile Per one-way trip Per one-way trip	Cascs 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 0 0	Units 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1,171	Cost \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Cost/Case \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	Cost/Unit \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Unit/Case 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1,171
Additional Codes-Physician Services 992: Medication Administration 995: Transportation A00 Transportation A00	153 154 155 161 162 163 171 172 173 174 175 176 176 177 177 177 177 177 177 177 177	Encounter Per mile Per mile	0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	0 0 0 0 0 0 0 0 0
Additional Codes-Physician Services 992: Medication Administration 995: Transportation A00 Transportation A00	1554 1555 1661 1662 163 1771 1772 1773 1774 1775 1766 1760 1770 1	Encounter Per mile Per mile	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	0 0 0 0 0 0 0 0 0
Additional Codes-Physician Services 992: Additional Codes-Physician Services 992: Additional Codes-Physician Services 9926 Additional Codes-Physician Services 9926 Additional Codes-Physician Services 9927 Medication Administration 995 Transportation A00 Transportation A00	255 266 267 277 277 277 277 277 277 277 277	Encounter Per mile Per one-way trip	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0 0 0 0 0 0 0 0
Additional Codes-Physician Services 992: Additional Codes-Physician Services 9926 Additional Codes-Physician Services 9926 Additional Codes-Physician Services 9927 Medication Administration 995 Transportation A00 Transportation A00	261 262 263 271 272 273 274 275 2606 2609 260 260 260 260 260 260 260 260 260 260	Encounter Per mile Per one-way trip	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0 0 0 0 0 0 0
Additional Codes-Physician Services 9926 Additional Codes-Physician Services 9926 Additional Codes-Physician Services 9927 Medication Administration 9956 Transportation A00 Transportation A00	2662 2663 271 272 273 274 275 506 080 090 110	Encounter Encounter Encounter Encounter Encounter Encounter Encounter Encounter Encounter Per mile Per mile Per one-way trip	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0 0 0 0 0 0
Additional Codes-Physician Services 9926 Additional Codes-Physician Services 9927 Medication Administration 9956 Transportation A00 Transportation A00	263 271 272 273 274 275 506 080 090	Encounter Encounter Encounter Encounter Encounter Encounter Encounter Encounter Per mile Per mile Per one-way trip	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$0 \$0 \$0 \$0 \$0 \$0 \$0	0 0 0 0 0 0
Additional Codes-Physician Services 9920 Additional Codes-Physician Services 9927 Medication Administration 9956 Transportation A00 Transportation A00	271 272 273 274 275 506 080 090	Encounter Encounter Encounter Encounter Encounter Encounter Per mile Per mile Per one-way trip	0 0 0 0 0 0 0	0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$372	\$0 \$0 \$0 \$0 \$0	0 0 0 0 0
Additional Codes-Physician Services 992° Medication Administration 995° Transportation A00 Transportation A00	272 273 274 275 506 080 090 1100	Encounter Encounter Encounter Encounter Encounter Per mile Per mile Per one-way trip	0 0 0 0 0 0	0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$2	\$0 \$0 \$0 \$0 \$0 \$0 \$372	\$0 \$0 \$0 \$0 \$0	0 0 0 0
Additional Codes-Physician Services 992° Additional Codes-Physician Services 992° Additional Codes-Physician Services 992° Additional Codes-Physician Services 992° Medication Administration 995° Transportation A00 Transportation A00	274 274 275 506 080 090 1100	Encounter Encounter Encounter Encounter Per mile Per mile Per one-way trip	0 0 0 0 1	0 0 0 0 1,171	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	0 0 0
Additional Codes-Physician Services 992° Additional Codes-Physician Services 992° Additional Codes-Physician Services 992° Medication Administration 995° Transportation A00 Transportation A00	274 275 506 080 090 100	Encounter Encounter Encounter Per mile Per mile Per one-way trip	0 0 0 1	0 0 0 1,171	\$0 \$0 \$0 \$372	\$0 \$0 \$0 \$372	\$0 \$0 \$0	0 0
Additional Codes-Physician Services 992° Additional Codes-Physician Services 992° Medication Administration 9950 Transportation A00 Transportation A00	275 506 080 090 100	Encounter Encounter Per mile Per mile Per mile Per one-way trip	0 0 1 0	0 0 1,171	\$0 \$0 \$372	\$0 \$0 \$372	\$0 \$0	0
Additional Codes-Physician Services 992' Medication Administration 9950 Transportation A00 Transportation A00	506 080 090 100	Encounter Per mile Per mile Per one-way trip	0 1 0	0 1,171	\$0 \$372	\$0 \$372	\$0	0
Medication Administration9950TransportationA00TransportationA00	080 090 100 110	Per mile Per mile Per one-way trip	0	1,171	\$372	\$372		
Transportation A00 Transportation A00	090 100 110	Per mile Per one-way trip	0				\$0	1.171
Transportation A00	100 110	Per one-way trip		0	\$0			.,
	110		0		40	\$0	\$0	0
		Per one-way trip	_	0	\$0	\$0	\$0	0
Transportation A01			13	145	\$6,808	\$524	\$47	11
Transportation A01			585	188,240	\$1,854,927	\$3,171	\$10	322
Transportation A01	130		0	0	\$0	\$0	\$0	0
Transportation A01	140		0	0	\$0	\$0	\$0	0
Transportation A01	170	,	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation A04		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation A04	427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation A04			0	0	\$0	\$0	\$0	0
General dental services D01			2	2	\$821	\$411	\$411	1
Comp periodontal evaluation D01	180	Encounter	8	13	\$32,335	\$4,042	\$2,487	2
Intraoral periapical D02	220		0	0	\$0	\$0	\$0	0
Intraoral periapical D02	230		0	0	\$0	\$0	\$0	0
Bitewings D02	274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult D11	110	,	0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant D23	330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant D23	331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an D23	332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post D23	391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post D23	392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post D23	393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high	:750		0	0	\$0	\$0	\$0	0
Peridontal, main D49	910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth D72	210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant D73	310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report D99	920		0	0	\$0	\$0	\$0	0
	340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies E13		Items	4	8	\$1,985	\$496	\$248	2
	176	Encounter	23	433	\$30,700	\$1,335	\$71	19
)177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration G03			0	0	\$0	\$0	\$0	0
Assessment H00	0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services H00	0018	Days	0	0	\$0	\$0	\$0	0

Macomb			Unit	_		Cont	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	169	235	\$47,307	\$280	\$201	1
Treatment Planning		H0032	Encounter	681	2,884	\$1,179,211	\$1,732	\$409	4
Health Services		H0034	15 Minutes	6	7	\$323	\$54	\$46	1
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	215	3,528	\$757,924	\$3,525	\$215	16
Behavior Management Review		H2000	Encounter	326	335	\$85,614	\$263	\$256	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	29	127	\$8,763	\$302	\$ 69	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	1,092	3,400,395	\$8,059,387	\$7,380	\$2	3,114
Community Living Supports (15 Minutes)		H2015	15 Minutes	725	4,160,618	\$15,299,188	\$21,102	\$4	5,739
Community Living Supports (Daily)		H2016	Per Diem	269	67,740	\$2,239,446	\$8,325	\$33	252
Community Living Supports (Daily)		H2016	Per Diem	143	57,927	\$3,741,163	\$26,162	\$65	405
Community Living Supports (Daily)		H2016	Per Diem	186	74,133	\$6,519,306	\$35,050	\$88	399
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	377	414,830	\$1,110,520	\$2,946	\$3	1,100
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	136	1,039	\$62,850	\$462	\$60	8
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	66	715	\$47,358	\$718	\$66	11
Chore Services		S5120	15 Minutes	2	234	\$1,787	\$894	\$8	117
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	73	38,348	\$79,417	\$1,088	\$2	525
Respite		S5151	Per Diem	41	326	\$81,745	\$1,994	\$251	8
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	5	46	\$1,566	\$313	\$34	9
Environmental Modification		S5165	Service	30	41	\$90,539	\$3,018	\$2,208	1
Enhanced Medical Equipment-Supplies		S5199	Items	4	11	\$502	\$125	\$46	3
Occupational or Physical Therapy		S8990	Encounter	45	2,943	\$196,615	\$4,369	\$67	65
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)	· · · · · · · · · · · · · · · · · · ·	S9125	Per Diem	0	0	\$0	\$0	\$0 \$0	
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	
Health Services		S9446	Encounter	3	3	\$559	\$186	\$186	1
Health Services		S9470	Encounter	72	73	\$16,269	\$226	\$223	1
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$10,269	\$220	\$223	0
		D/70 4	Hout	U	· · · · · · · · · · · · · · · · · · ·	3 0	30		

Macomb			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	333	338	\$134,988	\$405	\$399	1
Health Services		T1002	Up to 15 min	1,954	6,672	\$964,989	\$494	\$145	3
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	619	1,747,467	\$7,254,531	\$11,720	\$4	2,823
Supports Coordination/Wrap Facilitation		T1016	15 minutes	11,594	45,062	\$5,190,855	\$448	\$115	4
Targeted Case Management		T1017	15 minutes	29	565	\$92,065	\$3,175	\$163	19
Nursing Home Mental Health Monitoring		T1017	15 minutes	31	614	\$81,320	\$2,623	\$132	20
Personal Care in Licensed Specialized Residential Setting		T1020	Days	2,450	55,780	\$13,037,440	\$5,321	\$234	23
Personal Care in Licensed Specialized Residential Setting		T1020	Days	1,702	47,843	\$11,433	\$7	\$0	28
Personal Care in Licensed Specialized Residential Setting		T1020	Days	3,698	96,035	\$270,742	\$73	\$3	26
Assessments		T1023	Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999	Items	2,325	3,282	\$35,380	\$15	\$11	11
Transportation		T2001		0	0	\$ 0	\$0	\$0	0
Transportation		T2002	Per Diem	1	157	\$1,675	\$1,675	\$11	157
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		1	221	\$3,507	\$3,507	\$16	221
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	33,790	135,414	\$1,443,037	\$43	\$11	4
Targeted Case Management (Children's Waiver)		T2023	Month	75	729	\$608,691	\$8,116	\$835	10
Enhanced Medical Equipment-Supplies		T2028	Items	202	202	\$51,849	\$257	\$257	1
Enhanced Medical Equipment-Supplies		T2029	Items	5	6	\$7,236	\$1,447	\$1,206	1
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	664	743	\$201,861	\$304	\$272	1
Enhanced Medical Equipment-Supplies		T2039	Items	1	1	\$2,647	\$2,647	\$2,647	1
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				2,207		\$72,868,592			

Manistee-Benzie		rranga o I	Unit	_	** *	Cont	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	3	686	\$165,555	\$55,185	\$241	229
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$ 0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	10	10	\$4,138	\$414	\$414	1
Assessment-Psychiatric Assessment		90802	Encounter	2	2	\$2,283	\$1,142	\$1,142	1
Therapy-Individual Therapy		90804	Encounter 20-30 Min	9	29	\$2,535	\$282	\$87	3
Therapy-Individual Therapy		90805	Encounter 20-30 Min	18	63	\$18,801	\$1,045	\$298	4
Therapy-Individual Therapy		90806	Encounter 45-50 Min	17	85	\$11,708	\$689	\$138	5
Therapy-Individual Therapy		90807	Encounter 45-50 Min	3	6	\$2,882	\$961	\$480	2
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Series Capay Seri	Manistee-Benzie			Unit		•	Cont	Cost/Case	Cost/Unit	Unit/Case
Section Content Cont	Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
International	Therapy-Individual Therapy									
Personal Service 1994 1995 19	Therapy-Individual Therapy									
Marie Mari	Therapy-Individual Therapy									
Personal Merchan Mer	Therapy-Individual Therapy		90814	Encounter 75-80 Min						
	Therapy-Individual Therapy		90815	Encounter 75-80 Min						
Part	Therapy-Individual Therapy		90816	Encounter 20-30 Min	0					
Part	Therapy-Individual Therapy		90817	Encounter 20-30 Min	0					
	Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0				0
Perspectation Perspectatio	Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0				
Procupe Proc	Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Perspectation Perspectatio	Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0			0
Participy Individed Dirity 9623	Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Personal P	Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Persign-Individed Therapy	Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Participy-Individual Therapy 90849 Encounter F-8D Min 9 9 30 30 50 50 50 50 50 50	Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Perspansion	Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Part	Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Penerpy-Family Therapy 99849 Encounter 0 0 50 50 50 50 0 1 1 1 1 1 1 1 1	Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Part	Therapy-Family Therapy		90847	Encounter	1	1	\$181	\$181	\$181	1
Perspay-Group Therapy 90851 Encounter 0 0 50 50 50 50 0 1	Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Perspanse Pers	Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Melication Review 9882 Encounter 63 296 \$65,51 \$1,040 \$221 \$5 \$64,65 \$1,040 \$1 \$1 \$1,040 \$1 \$1 \$1,040 \$1 \$1 \$1,040 \$1 \$1 \$1,040 \$1 \$1 \$1,040 \$1 \$1 \$1,040 \$1 \$1 \$1,040 \$1 \$1 \$1,040 \$1 \$1 \$1,040 \$1 \$1 \$1,040 \$1 \$1 \$1,040 \$1 \$1 \$1,040 \$1 \$1 \$1 \$1,040 \$1 \$1 \$1 \$1,040 \$1 \$1 \$1 \$1,040 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$	Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician 99870 Encounter 0 0 0 \$ \$0 \$ \$0 \$ \$0 \$ \$0 \$ \$0 \$ \$0 \$	Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Specific Language Therapy 92506 Encounter 0 0 5 5 5 5 0 0 5 5	Medication Review		90862	Encounter	63	296	\$65,551	\$1,040	\$221	5
Speech & Language Therapy 92506 Encounter 0 0 50 50 50 50 0 Speech & Language Therapy 92507 Encounter 0 0 50 50 50 0 Speech & Language Therapy 92526 Encounter 0 0 50 50 50 0 Speech & Language Therapy 92526 Encounter 0 0 50 50 50 0 Speech & Language Therapy 92610 Encounter 0 0 50 50 50 0 Speech & Language Therapy 92627 Each Additional 15 Minutes 0 0 50 50 50 0 Speckal Language Therapy 92627 Each Additional 15 Minutes 0 0 50 50 50 0 Speckal Language Therapy 92627 Each Additional 15 Minutes 0 0 50 50 50 0 Speckal Language Therapy 96102 Beach Additional 15 Minutes 0	Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy	Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy 92508 Encounter 0 0 \$5	Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy 92526 Encounter 0 0 0 50 50 50 50 50	Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy 92610 Encounter 0 0 0 50 50 50 50 0 50	Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Paluation of Auditory Rehabilitation Status (Children's Waiver) 92627 Each Additional 15 Minutes 0 0 0 50 50 50 0 0 0	Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Paluation of Auditory Rehabilitation Status (Children's Waiver) 92627 Each Additional 15 Minutes 0 0 50 50 50 0 0 0 0	Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver) 96100 Hour 4 4 4 33,91 \$998 \$998 1 Psychological Testing PSYCH/PHYS (Children's Waiver) 96101 0 0 0 50 50 50 50 50 50 50 50 50 50 50	Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Seessments-Testing Seessme	Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver) 96101 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver) 96102 0 0 \$0	Assessments-Testing		96100	Hour	4	4	\$3,991	\$998	\$998	1
Psychological Testing by Comp (Children's Waiver) 96103 0 \$0	Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Assessments-Other 96105 Encounter 0 0 \$0	Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Assessments-Other 1 1 \$399 \$399 \$399 \$399 \$399 \$390 \$390 \$390 \$390 \$390 \$390 \$390 \$390 \$390 \$300 \$0	Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other 96111 Encounter 0 0 \$0	Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing 96115 Hour 0 0 S0 \$0<	Assessments-Other		96110	Encounter	1	1	\$399	\$399	\$399	1
Neurobehavioral Status Exam (Children's Waiver) 96116 0 0 \$0 <	Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing 96117 Hour 0 0 \$0<	Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver) 9618 0 0 50 \$0	Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver) 96119 0 0 \$	Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver) 96119 0 0 \$	Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$ 0	\$0	\$0	0
	Neuropsych test by Tech (Children's Waiver)		96119		0	0		\$0		0
Physical Therapy 97001 Encounter 0 0 \$0 \$0 \$0 \$0 0	Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
	Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0

Manistee-Benzie			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	32	298	\$31,984	\$1,000	\$107	9
Occupational or Physical Therapy	·	97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	1	74	\$3,863	\$3,863	\$52	74
Occupational or Physical Therapy		97537	15 Minutes	1	23	\$1,239	\$1,239	\$54	23
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	·	99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

Manistee-Benzie			Unit				Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$ 0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	. 0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	. 0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$ 0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation	-	A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical	· · · · · · · · · · · · · · · · · · ·	D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	S0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report	***	D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	2	2	\$1,031	\$516	\$516	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	SO	0
	-			 					

Persons with	Developmenta	l Disabilities
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Marinton Pourie			- ** *:						
Manistee-Benzie Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	4	76	\$4,596	\$1,149	\$60	19
Assessment		H0031	Encounter	63	460	\$138,787	\$2,203	\$302	7
Treatment Planning		H0032	Encounter	86	121	\$7,925	\$92	\$65	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$ 0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$ 0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$ 0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$ 0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$ 0	0
Behavior Management Review		H2000	Encounter	40	120	\$15,079	\$377	\$126	3
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	1	1	\$159	\$159	\$159	1
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	127	104,211	\$1,112,874	\$8,763	\$11	821
Community Living Supports (15 Minutes)		H2015	15 Minutes	71	993,338	\$1,910,105	\$26,903	\$2	13,991
Community Living Supports (Daily)		H2016	Per Diem	7	2,261	\$47,137	\$6,734	\$21	323
Community Living Supports (Daily)		H2016	Per Diem	1	365	\$15,548	\$15,548	\$43	365
Community Living Supports (Daily)		H2016	Per Diem	38	11,829	\$1,296,129	\$34,109	\$110	311
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	94	39,232	\$954,656	\$10,156	\$24	417
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	9	10,297	\$18,260	\$2,029	\$2	1,144
Respite		S5151	Per Diem	2	8	\$145	\$73	\$18	4
Personal Emergency Response System (PERS)		S5160	Encounter	1	1	\$213	\$213	\$213	1
Personal Emergency Response System (PERS)		S5161	Month	1	12	\$300	\$300	\$215	12
Environmental Modification		S5165	Service	0	0	\$300	\$0		0
Enhanced Medical Equipment-Supplies		S5199	Items	19	58	\$12,998	\$684	\$224	3
Occupational or Physical Therapy		S8990	Encounter	0	0	\$12,998	\$0	\$224	
Private Duty Nursing	0582	S9123	Hour		0	\$0	\$0	\$0 \$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0 \$0	0
Respite Care in the Home (RN) (Children's Waiver)	0202	S9124	Per Diem	0	0	\$0	\$0 \$0	\$0 \$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0 \$0	\$0	0
Health Services		S9123 S9445	Encounter	0	0	\$0	\$0 \$0	\$0	
Health Services		S9446	Encounter	0	0	\$0	\$0 \$0	\$0 \$0	0
Health Services		S9440	Encounter	0	0	\$0	\$0 \$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	1	1				0
- The own Marie Marie Topian		37404	riour	I	1	\$ 650	\$650	\$650	1

Manistee-Benzie			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	1	10	\$190	\$190	\$19	10
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$ 0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	5	9,126	\$35,665	\$7,133	\$4	1,825
Supports Coordination/Wrap Facilitation		T1016	15 minutes	98	5,697	\$537,779	\$5,488	\$94	58
Targeted Case Management		T1017	15 minutes	135	8,474	\$514,131	\$3,808	\$ 61	63
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	7	2,239	\$47,394	\$6,771	\$21	320
Personal Care in Licensed Specialized Residential Setting		T1020	Days	37	11,688	\$511,581	\$13,827	\$44	316
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	3	3	\$3,330	\$1,110	\$1,110	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	7	31	\$18,464	\$2,638	\$596	4
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	2	24	\$930	\$465	\$39	12
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies	•	T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	6	23	\$3,228	\$538	\$140	4
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	2	5	\$1,109	\$555	\$222	3
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				225		\$7,525,503			

Part	Monroe			Unit				Cont/Con-	Cost/Unit	Unit/Case
The Mean Exempliants finding - Ingested (EMEA) -	Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case		
Part	State Psychiatric Hospital - Inpatient PT22			Days	0	0	\$0	\$0		
Page	State Mental Retardation Facility - Inpatient (ICF/MR) PT65			Days	0	0	\$0	\$0	\$0	0
Part	Local Psychiatric Hospital/IMD PT68			Days	0	0	\$0	\$0	\$0	0
Pages Page	Local Psychiatric Hospital - Acute Community PT73			Days	8	62	\$43,050	\$5,381	\$694	8
Pagenter Hisparla Ancelling Servicer - Pincenton 1982-1982 1982-1982 1982-1982-1982-1982-1982-1982-1982-1982-	Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Part	Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Implement Hospital Ancellary Services - Laboratory 600 000 000 000 000 000 000 000 000 00	Inpatient Hospital Ancillary Services - Pharmacy				0	0	\$0	\$0	\$0	0
Pages Page	Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
ECT Ameritanian 1970	Inpatient Hospital Ancillary Services - Laboratory			# of tests	0	0	\$0	\$0	\$0	0
Ingenier Hospial Ancellary Services - Repitatory Services 4910 # of reanments 0 0 50 50 50 50 50 50	Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
Inguisen Horpital Auxillury Services -Physical Therapy	ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Ingustient Hoopisal Ancillary Services - Occupational Therapy	Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inquinest Hospital Ancellary Services - Speech-Language Pathology	Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inquisient Rospital Auxillary Services - Exergency Roton O450 # 60 visits O400 # 60 visits O400 # 60 visits O400 # 60 visits O50 O50 S0 O50 O50 50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50 O50	Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$ 0	\$0	\$0	0
Ingustient Hespital Ancillary Services - Pulmonary Function 0460	Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology 0470-0472	Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Impatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Impatient Hospital Ancillary Services - EKG/ECG 0730 0731	Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
Papalient Hospital Ancillary Services - EEG	ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Extended Observation Beds	Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731	*	# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 9900, 9902-9904, # of visits 0 0 0 50 50 50 50 0 0	Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Days	Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Days	Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925	Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services 0940-0942	Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia 00104 Minutes 0 0 50 50 50 0 Ther/Proph/Diag ING, SC/IM - Children's Waiver 90772 0 0 50 50 50 0 Medication Administration 90782 Encounter 0 0 50 50 50 50 Medication Administration 90788 Encounter 0 0 50 50 50 50 Assessment-Psychiatric Assessment 90801 Encounter 67 73 \$11,801 \$176 \$162 1 Assessment-Psychiatric Assessment 90802 Encounter 20-30 Min 2 2 \$289 \$145 \$145 1 Therapy-Individual Therapy 90804 Encounter 20-30 Min 2 2 \$205 \$102 \$102 \$1 Therapy-Individual Therapy 90805 Encounter 20-30 Min 0 0 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 <	Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Page	Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Medication Administration 90782 Encounter 0 0 \$162 \$11 \$162 \$1 \$145 \$1 \$1 \$145 \$1 \$1 \$145 \$1 \$1 \$1 \$145 \$1 <th< td=""><td>Additional Codes-ECT Anesthesia</td><td></td><td>00104</td><td>Minutes</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration 90788 Encounter 0 0 \$162 \$162 \$1	Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment	Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment 90802 Encounter 2 2 2889 \$145 \$145 1 Therapy-Individual Therapy 90804 Encounter 20-30 Min 2 2 \$205 \$102 \$102 \$1 Therapy-Individual Therapy 90805 Encounter 20-30 Min 0 0 \$0	Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	Assessment-Psychiatric Assessment		90801	Encounter	67	73	\$11,801	\$176	\$162	1
Therapy-Individual Therapy	Assessment-Psychiatric Assessment		90802	Encounter	2	2	\$289	\$145	\$145	1
Therapy-Individual Therapy	Therapy-Individual Therapy		90804	Encounter 20-30 Min	2	2	\$205	\$102	\$102	1
Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$	Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90808 Encounter 75-80 Min 0 0 \$	Therapy-Individual Therapy		90806	Encounter 45-50 Min	5	22	\$1,491	\$298	\$68	4
Therapy-Individual Therapy 90808 Encounter 75-80 Min 0 0 \$	Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
	Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0				0
Therapy-Individual Therapy 90810 Encounter 20-30 Min 0 0 \$	Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
	Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Monroe			Unit	~		Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units			\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0		0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	1	1	\$206	\$206	\$206	1
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy	110-110	90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	3	12	\$671	\$224	\$56	4
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	154	747	\$138,182	\$897	\$185	5
Additional Codes-BCT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	2	2	\$398	\$199	\$199	1
Speech & Language Therapy		92506	Encounter	15	55	\$10,084	\$672	\$183	4
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	6	6	\$1,077	\$180	\$180	1
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0 \$0	\$0	\$0	0
Assessments-Other		96111	Encounter	1	1	\$26	\$26	\$26	
Assessments-Testing		96115	Hour	0	0	\$20	\$26	\$20	0
Neurobehavioral Status Exam (Children's Waiver)		96116	noui	0	0	\$0 \$0		\$0 \$0	
Assessments-Testing		96117		0	0	\$0 \$0	\$0		0
			Hour				\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver) Neuropsych test by Tech (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver) Physical Therapy		96120	F .	0	0	\$0	\$0	\$0	0
inyaica: incrapy		97001	Encounter	7	7	\$1,204	\$172	\$172	1

Monroe			Unit				G1/G	Contact Init	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	
Physical Therapy		97002	Encounter	39	125	\$12,202	\$313	\$98	3
Occupational Therapy		97003	Encounter	15	19	\$2,995	\$200	\$158	1
Occupational Therapy		97004	Encounter	84	290	\$50,909	\$606	\$176	3
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	. 0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	2	31	\$6,331	\$3,166	\$204	16
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0		\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99243	Encounter	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
Additional Codes-Physician Services		99245	Encounter	0	0				
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
		77431	Encounter	<u> </u>	U	\$0	\$0	\$0	0

Monroe			Unit			_	G/G	C	I 1-2/C
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D 1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post	,	D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	5	5	\$131	\$26	\$26	1
Crisis Residential Services	V	H0018	Days	0	0	\$0	\$0	\$0	
			···· /-	· · · · · · · · · · · · · · · · · · ·	-				

Monroe Service Category	Revenue Code	HCPCS Code	Unit Meas ure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	2	7	\$619	\$310	\$88	4
Assessment		H0031	Encounter	271	1,016	\$116,380	\$429	\$115	4
Treatment Planning		H0032	Encounter	71	121	\$13,668	\$193	\$113	2
Health Services		H0034	15 Minutes	14	46	\$2,575	\$184	\$56	3
Home Based Services		H0036	15 Minutes	4	283	\$5,964	\$1,491	\$21	71
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	1	131	\$8,861	\$8,861	\$68	131
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	47	148	\$20,402	\$434	\$138	3
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	11	26	\$10,334	\$939	\$397	2
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	177	467,097	\$1,549,994	\$8,757	\$3	2,639
Community Living Supports (15 Minutes)		H2015	15 Minutes	136	1,228,378	\$3,760,446	\$27,650	\$3	9,032
Community Living Supports (Daily)		H2016	Per Diem	31	4,644	\$143,407	\$4,626	\$31	150
Community Living Supports (Daily)		H2016	Per Diem	40	8,542	\$531,740	\$13,293	\$62	214
Community Living Supports (Daily)		H2016	Per Diem	51	12,826	\$1,707,792	\$33,486	\$133	251
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	40	36,320	\$236,916	\$5,923	\$7	908
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	9	20,215	\$75,494	\$8,388	\$4	2,246
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	4	28	\$970	\$242	\$35	7
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	9	827	\$36,705	\$4,078	\$44	92
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	5	483	\$5,219	\$1,044	\$11	97
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	2	15,496	\$79,607	\$39,803	\$5	7,748
Private Duty Nursing	0582	S9124	Ноит	1	1,164	\$5,980	\$5,980	\$5	1,164
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	14	18	\$360	\$26	\$20	1
Health Services									0
Treated Selfices		S9446	Encounter	0	0	\$0	\$0	\$0	U
Health Services		S9446 S9470	Encounter Encounter	0	0	\$0 \$0	\$0	\$0 \$0	0